BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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# AGENDA
# MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, March 21, 2024 at 7 p.m.
MLHU Board Room – CitiPlaza
355 Wellington Street, London ON

## 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

Matthew Newton-Reid
Michael Steele
Peter Cuddy
Aina DeViet
Skylar Franke
Michael McGuire
Selomon Menghsha
Howard Shears
Michelle Smibert
Dr. Alexander Summers (Medical Officer of Health, ex-officio member)
Emily Williams (Chief Executive Officer, ex-officio member)

## SECRETARY

Emily Williams

## TREASURER

Emily Williams

## DISCLOSURE OF CONFLICTS OF INTEREST

## APPROVAL OF AGENDA

## MINUTES

Approve: February 15, 2024 – Board of Health meeting

Receive: February 15, 2024 – Finance and Facilities Committee meeting

| Item # | Delegation | Recommendation | Information | Report Name and Number | Link to Additional Information | Overview and Lead |
|---|---|---|---|---|---|---|
| **Reports and Agenda Items** | | | | | | |
| **1** | | **X** | **X** | alPHa Resolution: Permitting Applications for Automatic Prohibition Orders under the Smoke Free Ontario Act, 2017 for Vapour Product Sales Offences<br><br>(Report No. 15-24) | Appendix A | To seek Board of Health approval on submitting a resolution regarding permitting applications for automatic prohibition orders under the *Smoke Free Ontario Act*, 2017 for vapour product sales offences, for the 2024 Association of Local Public Health Agencies' 2024 Annual General meeting.<br><br>Lead: Mary Lou Albanese, Director, Environmental Health, Infectious Diseases and Clinical Support Services<br><br>Presenting: Linda Stobo, Manager, Social Marketing and Health Systems Partnerships, Brandon Tingley, Supervisor, Tobacco Enforcement and Andrew Powell, Manager, Safe Water, Tobacco Enforcement, and Vector Borne Disease |
| **2** | | **X** | **X** | Recommendation for Provincial and Federal Restrictions on Nicotine Pouches<br><br>(Report No. 16-24) | Appendix A<br><br>Appendix B | To provide the Board with information on recommendations for restrictions on nicotine pouches and seek approval to endorse and submit recommendations to Health Canada.<br><br>Lead: Jennifer Proulx, Director, Family and Community Health<br><br>Presenting: Linda Stobo, Manager, Social Marketing and Health Systems Partnerships, Brandon Tingley, Supervisor, Tobacco Enforcement |

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| **3** | | **X** | **X** | Q4 2023 Risk Register Update<br><br>(Report No. 17-24) | Appendix A | To review and approve the Q4 2023 Risk Register.<br><br>Lead: Emily Williams, Chief Executive Officer<br><br>Presenting: Ryan Fawcett, Manager, Privacy, Risk and Client Relations |
| **4** | | | **X** | Privacy Program – Information and Privacy Commissioner (IPC) Statistical Reports<br><br>(Report No. 18-24) | Appendix A<br><br>Appendix B<br><br>Appendix C | To review the 2023 privacy statistics for the Middlesex-London Health Unit.<br><br>Leads: Emily Williams, Chief Executive Officer and Dr. Alexander Summers, Medical Officer of Health<br><br>Presenting: Ryan Fawcett, Manager, Privacy, Risk and Client Relations |
| **5** | | | **X** | 2024 Insurance Policies<br><br>(Report No. 19-24) | Appendix A<br><br>Appendix B | To review the 2024 cyber and general insurance policies for the Middlesex-London Health Unit.<br><br>Leads: Emily Williams, Chief Executive Officer and David Jansseune, Associate Director, Finance and Operations/Chief Financial Officer<br><br>Presenting: Ryan Fawcett, Manager, Privacy, Risk and Client Relations |
| **6** | | | **X** | MLHU Citi Plaza Dental Operatory Addition<br><br>(Report No. 20-24) | | To provide an update on progress with the Citi Plaza Dental Operatory build project.<br><br>Lead: Emily Williams, Chief Executive Officer<br><br>Presenting: Donna Kosmack, Manager, Oral Health and Clinical Support Services and Warren Dallin, Manager, Procurement and Operations |
| **7** | | | **X** | Current Public Health Issues<br><br>(Verbal Update) | | To provide an update on current public health issues in the Middlesex-London region.<br><br>Lead: Dr. Alexander Summers, Medical Officer of Health |

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| **8** | | | **X** | Medical Officer of Health Activity Report for January and February<br><br>(Report No. 21-24) | | To provide an update on external and internal meetings attended by the Medical Officer of Health since January 2024.<br><br>Lead: Dr. Alexander Summers, Medical Officer of Health |
| **9** | | | **X** | Chief Executive Officer Activity Report for January and February<br><br>(Report No. 22-24) | | To provide an update on external and internal meetings attended by the Chief Executive Officer since January 2024.<br><br>Lead: Emily Williams, Chief Executive Officer |
| **10** | | | **X** | Board of Health Chair Activity Report for January and February<br><br>(Report No. 23-24) | | To provide an update on external and internal meetings attended by the Board of Health Chair since January 2024.<br><br>Lead: Chair Matthew Newton-Reid |
| **Correspondence** | | | | | | |
| **11** | | | **X** | March Correspondence | | To receive items a) and b) for information:<br>a) Public Health Sudbury & Districts re: *Gender-based and Intimate Partner Violence*<br>b) Middlesex-London Board of Health External Landscape for March |

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, April 18, 2024 at 7 p.m.

## CLOSED SESSION

The Middlesex-London Board of Health will move into a confidential session to approve previous closed session Board of Health minutes 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**
**MIDDLESEX-LONDON BOARD OF HEALTH**

Thursday, February 15, 2024, 7 p.m.
Microsoft Teams

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**MEMBERS PRESENT:**
Matthew Newton-Reid (Chair)
Michael Steele (Vice-Chair)
Selomon Menghsha
Skylar Franke
Michelle Smibert
Aina DeViet
Peter Cuddy (arrived at 7:43 p.m.)
Michael McGuire
Howard Shears
Emily Williams, Chief Executive Officer (ex-officio) (Secretary and Treasurer)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**OTHERS PRESENT:**
Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Sarah Maaten, Director, Public Health Foundations
Jennifer Proulx, Director, Family and Community Health and Chief Nursing Officer
Dr. Joanne Kearon, Associate Medical Officer of Health
Mary Lou Albanese, Director, Environmental Health, Infectious Disease and Clinical Services
Cynthia Bos, Associate Director, Human Resources and Labour Relations
Marc Resendes, Acting Manager, Strategy, Planning and Performance
David Jansseune, Associate Director, Finance and Operations/Chief Financial Officer
Ryan Fawcett, Manager, Privacy, Risk and Client Relations
Angela Armstrong, Program Assistant, Communications
Parthiv Panchal, End User Support Analyst, Information Technology
Morgan Lobzun, Communications Coordinator
Emily Van Kesteren, Acting Manager, Communications
Dr. Mark Cachia, Public Health and Preventative Medicine Resident

Chair Matthew Newton-Reid called the meeting to order at **7 p.m.**

Dr. Alexander Summers, Medical Officer of Health introduced Jennifer Proulx, Director, Family and Community Health and Chief Nursing Officer to the Board of Health. J. Proulx was the successful candidate to the permanent position and has been in the acting role for approximately 1 year.

## DISCLOSURE OF CONFLICT OF INTEREST

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

## APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by S. Franke,** *that the **AGENDA** for the February 15, 2024 Board of Health meeting be approved.*

Carried

## APPROVAL OF MINUTES

It was moved by **S. Franke, seconded by A. DeViet,** *that the **MINUTES** of the January 18, 2024 Board of Health meeting be approved.*

Carried

## NEW BUSINESS

### Finance and Facilities Committee Meeting Summary (Verbal Report)

Incoming Committee Chair Michael (Mike) Steele noted that he was re-appointed as the Finance and Facilities Committee Chair for 2024 and provided an overview of reports heard by the Committee for the Board of Health's consideration.

It was moved by **M. Steele, seconded by H. Shears,** *that the Board of Health:*

1) *Receive Report No. 01-24FFC re: "2024 Finance and Facilities Committee Terms of Reference" for information;*
2) *Approve the 2024 Terms of Reference for the Finance and Facilities Committee;*
3) *Receive Report No. 02-24FFC re: "Wellness Programming Contract Awarded";*
4) *Receive Report No. 03-24FFC re: "Employee and Family Assistance Program (EFAP) Services Contract Extension" for information;*
5) *Receive Report No. 04-24FFC re: "2023 Public Sector Salary Disclosure" for information;*
6) *Receive Report No. 05-24FFC re: "2023 Vendor and Visa Payments" for information;*
7) *Receive Report No. 06-24FFC re: "2023 Board of Health Remuneration" for information;*
8) *Receive Report No. 07-24FFC re: "2023 Reserve, Bank Loan and Annual Surplus" for information;*
9) *Approve the adjusted 2023 entries for Reserve and Accelerated Bank Loan payment;*
   *a) Approve the transfer of 2023 surplus up to $107,935 to the Technology & Infrastructure Reserve, pending approval from the City of London and County of Middlesex; and*
   *b) Approve the drawdown of this reserve in 2024 to purchase IT related equipment that was paused during 2023 Q4 (drawdown to equal contribution not exceeding $107,935);*
10) *Direct staff to collaborate with the City of London and County of Middlesex; seek their approval on alternate use of 2023 surplus funds not exceeding $107,935; and*
11) *Approve the adjustments to the 2024 budget outlined herein in Appendix A.*

Carried

### 2023-25 Provisional Plan Q4 2023 Status Update (Report No. 11-24)

Marc Resendes, Acting Manager, Strategy, Planning and Performance presented the Health Unit's Provisional Plan Q4 status update.

M. Resendes noted that since the Board of Health approved the extension of the provisional plan to the end of 2025, all internal materials have been amended to reflect the extension. Progress has been made on many initiatives during the first six (6) months of the provisional plan. 11 of the 14 initiatives are underway and all 14 are proceeding as planned. Three (3) of these initiatives will start in 2024.

Board Member Howard Shears sought clarification over the statement "equity deserving groups" and was concerned that all groups are 'equity deserving'.

Sarah Maaten, Director, Public Health Foundations, noted that in public health, an equity deserving group is one that may need additional resources to reach the same level of positive health outcomes as the rest of the population in a community. These groups are sometimes referred to as 'priority populations' as it relates to public health program planning. Within the Health Unit's organizational plans for Anti Black

Racism and Taking Action for Reconciliation, priority populations include individuals identifying as Indigenous, members of the Black, Caribbean, and African community, and other groups that have more likelihood of having poor health outcomes related to the Social Determinants of Health (SDOH).

Dr. Alexander Summers, Medical Officer of Health added that the term equity deserving group is commonly being used in government, replacing the previously used term 'equity seeking'. The evolution of this change reflects the fact that these groups do not bear all of the responsibility for seeking equity. Dr. Summers noted that this change in language is consistent throughout the public sector.

It was moved by **A. DeViet, seconded by M. Smibert,** *that the Board of Health receive Report No. 11-24 re: "2023-25 Provisional Plan 2023 Q4 Status Update" for information.*

Carried

**Middlesex-London Health Unit Approach to Climate Change Action (Report No. 12-24)**

Dr. Joanne Kearon, Associate Medical Officer of Health provided an overview on the Health Unit's approach to climate change.

Dr. Kearon noted that public health is acutely interested in the impacts of climate change due to its impact on health. These impacts include extreme weather, extreme temperatures, air quality, water quality, vector-borne disease, food insecurity and mental health, all of which can have negative acute health outcomes for a community. In 2014, the Board of Health heard a vulnerability assessment (prepared by the Health Unit and the Public Health Agency of Canada) of the health impacts of climate change in the Middlesex-London region, which included the following actions:

- Development of a climate change and health action plan;
- Education and outreach related to the impacts of climate change;
- Evaluating adaptations to determine effectiveness of efforts to reduce risks of climate change;
- Continued surveillance and monitoring of climate sensitive diseases;
- Developing a greater understanding of how urban and rural vulnerabilities may differ in the Middlesex-London Region; and
- Development of policies and programs that address multiple risks to help deal with uncertainties of a changing climate and work towards adaptation and mitigation.

Dr. Kearon noted that this year, the Health Unit conducted a review of programs and interventions with the Ontario Public Health Standards on the approach to climate change action. It is noted that while there is an Ontario Public Health Standard associated with climate change, it was important to review for gaps. Multiple teams are involved in climate change work, directly and indirectly, within the following programs:

- Health Hazards
- Healthy Environments and Climate Change
- Active Transportation and Built Environment
- Ultraviolet Radiation and Sun Safety
- Vector-Borne Diseases
- Food Safety
- Drinking Water
- Recreational Water
- Food Systems and Nutrition; and
- Mental Health.

Examples of climate change action work at the Health Unit include:

- Vector-Borne Diseases: Surveillance
    - Monitoring of tick population for vector-borne diseases, such as Lyme disease
- Active Transportation and Built Environment: Healthy public policy development

    - Provision of input into municipal Official Plan, and other related plans
- Food Systems and Nutrition: Surveillance
    - Monitoring food affordability through the Ontario Nutritious Food Basket Program
- Recreational Water: Inspections
    - Ensuring safe recreational water through inspections of all public sites

Dr. Kearon added that over the next 1-2 years, the focus will be advancing population health assessment and surveillance of health impacts of climate change and communication of health risks related to climate change and adaptation strategies.

Board Member Skylar Franke inquired if policy/by-law regulation of maintaining heat/cooling in multi-family dwellings (apartments) was in the realm of public health. S. Franke noted that the City of Hamilton passed a by-law recently to regulate landlords to have cooling solutions in their units to prevent overheating of units. Dr. Kearon explained that she has been engaged with the City of London and County of Middlesex to actively review the alerts policies and meeting communication needs. Dr. Kearon added that related to heat alert warnings, the Health Unit have engaged with the City of London on specific issues, including heat/cooling in dwellings, and a potential by-law.

Chair Newton-Reid added that Vice-Chair Michael Steele and himself have attended a workshop hosted by the Association of Local Public Health Agencies, and the Medical Officer of Peel Region presented information on extreme heat alerts, along with how their public health unit is working with the region to address.

It was moved by **S. Franke, seconded by M. Smibert,** *that the Board of Health receive Report No. 12-24 re: "Middlesex-London Health Unit Approach to Climate Change Action" for information.*

Carried

**2024 Middlesex-London Health Unit Labour Relations Impacts of Budget (Report No. 13-24)**

Cynthia Bos, Associate Director, Human Resources and Labour Relations provided an update on labour relations impacts to the 2024 budget.

C. Bos noted that as a result of the budget shortfall for 2024, the Health Unit conducted organizational restructuring. As a result of restructuring due to budget shortfall, several roles were disinvested. To minimize impacts to staff, voluntary retirement incentives were offered, there was a reduction of already vacant positions, and some staff were transferred to temporary roles within the Health Unit.

At the time of this report, within the Canadian Union of Public Employees (CUPE) bargaining unit, only 1 part time employee was laid off. Within the Ontario Nurses Association (ONA) bargaining unit, there was a lot of movement and displacement throughout the organization, but there was only 1 employee who was laid off. There could be potential further deferred layoffs throughout the year within the ONA bargaining unit. Within the non-union employee group, there was an elimination of three manager and one director roles.

C. Bos noted that Human Resources worked collaboratively with staff and union partners for continued transparency, communication and education regarding the labour relations processes.

It was moved by **M. McGuire, seconded by A. DeViet,** *that the Board of Health receive Report No. 13-24 re: "2024 Middlesex-London Health Unit Labour Relations Impacts of Budget" for information.*

Carried

**Q4 Financial Update, Borrowing Update and Factual Certificate (Report No. 14-24)**

David Jansseune, Chief Financial Officer and Associate Director, Finance and Operations, presented the 2023 Q4 Financial Update and Factual Certificate for the quarter ending December 31, 2023. D. Jansseune reminded the Board that this set of financial information is not consolidated, and the MLHU and MLHU2 companies are separate to simplify reporting.

Financial Highlights
Within the Shared Funding Programs, there was no surplus or deficit at year end. There was $31.5 million of funding received in 2023, with no further funding for COVID-19 expected in 2024. COVID-19 expenditures totaled $6.4 million in 2023, with funding expected in early 2024.

- School Focused Nurses Initiative (ended June 2023) had $1.1 million in funding, with $771,000 in expenditures
- Ontario Seniors Dental Program had $3.2 million in funding with $3 million in expenditures
- City of London Funding for Cannabis Legalization has $111,000 in expenditures, with the City approving carryover of funds into 2024
- MLHU2 expenses are as expected for the end of December
- Strathroy Dental Clinic capital funding was spent fully at $1 million

Shared Funding Variances
- Grants, User Fees and Income were $605,000 favourable. This includes the Ministry of Health's pro-rated 1% funding increase, Infection Prevention and Control Hub funding and recovery for the iHeal/Nurse Family Partnership programs
- Salaries, Overtime and Benefits were $791,000 favourable. This includes approximately 8 vacancies throughout 2023
- General Expenses were $338,000 favourable. This includes interest expenses, program supplies and occupancy costs
- The budgeted gap was $1,539,000, which is a budgeted override of expenses, to generate a balanced budget. The gap will be covered through favourable variance
- Reserves were $195,000 unfavourable due to restrictions in cashflow negatively impacting the ability to transfer as budgeted

Forecast
D. Jansseune noted that a forecast does not apply for Q4, as the actual spending is representing the full year. D. Jansseune note that Shared Funded Programs had forecasted a year-end surplus of $176,000 with the actual surplus being $108,000 before the non-budgeted reserve fund contribution.

Cashflow
In December, the bank balance was $1.4 million positive. The fixed loan was $3,050,000 with $2,675,000 owing and the variable loan was $1,150,000 with $473,000 owing.

D. Jansseune added that the Finance team will be working on the following activities to close out the fiscal year:
- Continue with year-end closing with minimal entries to journal entries
- Audit by KPMG in March and April
- Continued reporting of differences in 2023 financials to the Board of Health
- Preparation of financial statements for auditing and presentation to the Board; and
- Preparing the Annual Reconciliation Report.

It was moved by **M. Steele, seconded by H. Shears,** *that the Board of Health receive Report No. 14-24 re: "2023 Q4 Financial Update, Borrowing Update and Factual Certificate" for information.*

Carried

**Current Public Health Issues (Verbal)**

Dr. Summers provided a verbal update on current public health issues within the region.

Respiratory Season Update
The respiratory season status is currently high risk but is showing signs of plateau. There has been a decrease in outbreaks and hospitalizations, with the positivity rate for COVID-19 decreasing.

The COVID-19 rate in Middlesex-London is declining, consistent to Ontario's rate. This shows potentially the ending of the COVID season. Wastewater positivity rates are high but are not being reflected in outbreaks or hospitalizations.

Influenza A rates have been significant and have yet to see a decline.

Coronavirus (not COVID-19) is also appearing during the respiratory season, which is different than COVID-19 and less severe in symptoms.

Dr. Summers noted that it is important to continue to be diligent about respiratory hygiene such as washing your hands and wearing a mask in crowded spaces. The Health Unit will be looking ahead to next year to ensure that vaccination campaigns are rigorous.

Toxic Drug Supply
There are a few municipalities that are experiencing toxic drug supply overdoses in recent weeks. Drugs are being contaminated with substances that cause respiratory depression (difficulty breathing). Last week, the City of Belleville declared a state of emergency after 23 individuals overdoses in a short period of time.

On February 6, the Regional HIV/AIDS Connection (RHAC) issued a community substance use advisory, based on anecdotal reports and drug testing, of several batches of fentanyl potentially cut with other substances. On February 8, the Office of the Chief Medical Officer of Health issued a memo warning of new and emerging toxic drugs appearing in Ontario illicit drug supplies.

Community Drug and Alcohol Strategy
The work of the Community Drug and Alcohol Strategy (co-chaired by the Health Unit and the London Intercommunity Health Centre) is continuing. Staff continue to work with other community agencies to ensure a coordinated response such as supporting the naloxone distribution program and the needle syringe program.

A new report has been released by the Ontario Drug Policy Research Network called the Safer Opioid Supply: A Rapid Review of the Evidence. This report discusses safer opioid supply programs, which provide prescriptions for opioids and supportive services to individuals at high risk of harms related to substance use, with the goal to provide a safer alternative to the unregulated drug supply.

In summary, the following conclusions were made from the report:

- Lack of fatal opioid toxicity events and lower non-fatal opioid toxicity events among active participants
- Reduced emergency room visits, hospitalizations, and healthcare-related costs among participants
- Reduced opioid withdrawal due to improved access stability
- Participants reported greater personal autonomy, reduced stigma, heightened feelings of safety in their drug use, more income for food, shelter, and basic needs and decreased criminal activities
- Extent of diversion of drugs from program is unknown; and
- Reasons for diversion of drugs included compassionate sharing with others, inadequate doses through the program, financial needs, and inadequate doses for withdrawal prevention.

Barriers to participating and providing safe supply programs include:

- Inconvenient site hours
- Regimented check-in requirements
- Lack of information on eligibility criteria
- Insufficient program capacity
- Mismatch between strength of unregulated drugs vs. prescribed doses
- Lack of training
- Perception of limited evidence re: effectiveness and safety; and
- Need for additional support to mitigate burnout

Measles

Public health is currently seeing travel related cases of measles. Measles is a highly contagious virus and is spread through coughing and sneezing with the virus being able to stay in the environment for up to 2 hours.

Symptoms include

- Fever
- Cough, runny nose
- Red, blotchy rash
- Red watery eyes; and
- White spots in mouth.

Complications include:

- Common: Pneumonia, diarrhea, ear infection
- Severe: Brain infection (encephalitis), death

Measles cases are increasing globally. In December 2023, the World Health Organization (WHO) issued a warning of 30-fold rise in measles in European region in 2023. In 2023, the Health Unit had two confirmed measles cases (February and December) associated with travelers returning to the Middlesex-London region. The Health Unit has an approximate 85% vaccination rate for measles, with a goal of 95% for herd immunity.

MLHU in the News

The Health Unit has been in the news during February regarding the investigation of infection, prevention and control (IPAC) lapses, food insecurity, measles, and varicella (chickenpox) outbreaks.

Vice-Chair Michael Steele requested further comments on Respiratory Syncytial Virus (RSV) and its impacts in the community. Dr. Summers explained that RSV has been circulating in the region for a while. It is common in children and children with certain health conditions (such as being premature) may have poor outcomes. Immunoglobulin is provided to these children in their first year to minimize risks. Throughout the pandemic, there were lots of children who were not exposed to RSV as they normally would be, and there was a subsequent increase to pediatric hospitalization as restrictions lifted. There is now a vaccine for RSV, which has been approved for individuals over age 60 and pregnant individuals, and has been rolled out in long term care settings. Public health is currently waiting for the National Advisory Committee on Immunization (NACI) to provide further information on upcoming vaccination guidelines for RSV.

Vice-Chair Steele inquired when the measles vaccination is given to individuals. Dr. Summers noted that the classic schedule is at 12 months and 4-6 years of age in a 2-dose series. The measles vaccination is given as the MMR (measles, mumps, rubella) vaccination and is 97% effective for life. Children at 6 months old can receive the vaccination, but effectiveness is better at 12 months old. Public health also

recommends that if travelling to endemic areas for measles, it may be recommended to vaccinate at both 6 and 12 months.

Board Member Aina DeViet inquired why different geographic areas of Ontario have differing vaccination uptake when they are governed under the same legislation (*Immunization of Student Pupils Act).* Dr. Summers noted that the *Immunization of Student Pupils Act* is provincial legislation, enforced in all public health units. Through the pandemic, some health units could not fully enforce due to capacity – Middlesex-London was the first who was able to gain capacity post pandemic to enforce. Currently, the Health Unit is 1-2 years ahead of most health units regarding enforcement. Currently, the estimates are that there is 85% compliance in 2023 for measles vaccination, however the full report from Public Health Ontario is pending.

It was moved by **S. Franke, seconded by M. Smibert,** *that the Board of Health receive the verbal report re: Current Public Health Issues for information.*

Carried

## CORRESPONDENCE

It was moved by **P. Cuddy, seconded by H. Shears,** *that the Board of Health receive items a) through c) for information:*

*a) Middlesex-London Board of Health External Landscape for February*
*b) City of London re: Municipal Compliance Annual Report*
*c) Public Health Sudbury & Districts re: Household Food Insecurity*

Carried

## OTHER BUSINESS

The next meeting of the Middlesex-London Board of Health is Thursday, March 21, 2024 at 7 p.m. in person.

## CLOSED SESSION

At **8:05 p.m.,** it was moved by **S. Franke, seconded by A. DeViet,** *that the Board of Health will move into a closed session to consider matters regarding labour relations or employee negotiations, personal matters about an identifiable individual, including municipal or local board employees, and to approve previous confidential Board of Health minutes.*

Carried

At **8:14 p.m.,** it was moved by **S. Franke, seconded by M. Smibert,** *that the Board of Health return to public session from closed session.*

Carried

## ADJOURNMENT

At **8:14 p.m.,** it was moved by **P. Cuddy, seconded by S. Menghsha,** *that the meeting be adjourned.*

Carried

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**MATTHEW NEWTON-REID** **EMILY WILLIAMS**
**Chair** **Secretary**

**PUBLIC SESSION – MINUTES**
**MIDDLESEX-LONDON BOARD OF HEALTH**
**FINANCE AND FACILITIES COMMITTEE**

Thursday, February 15, 2024, 6 p.m.
Microsoft Teams

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**MEMBERS PRESENT:** Michael Steele (Committee Chair Appoint)
Matthew Newton-Reid
Selomon Menghsha
Michael McGuire (arrived at 6:06 p.m.)
Howard Shears
Emily Williams, Chief Executive Officer (ex-officio)
Dr. Alexander Summers, Medical Officer of Health (ex-officio)

**OTHERS PRESENT:** Stephanie Egelton, Executive Assistant to the Board of Health (recorder)
Dr. Joanne Kearon, Associate Medical Officer of Health
Mary Lou Albanese, Director, Environmental Health, Infectious Disease and Clinical Services
Cynthia Bos, Associate Director, Human Resources and Labour Relations
David Jansseune, Associate Director, Finance and Operations/Chief Financial Officer
Morgan Lobzun, Communications Coordinator
Sarah Maaten, Director, Public Health Foundations
Dr. Mark Cachia, Public Health and Preventative Medicine Resident

At **6:01 p.m.,** Secretary and Treasurer Emily Williams called the meeting to order.

## MEETING PROCEDURES

### Election of 2024 Finance and Facilities Committee Chair

Secretary and Treasurer Emily Williams opened the floor to nominations for Chair of the Finance & Facilities Committee for 2024.

It was moved by **M. Newton-Reid, seconded by S. Menghsha,** *that Michael (Mike) Steele be nominated for Chair of the Finance and Facilities Committee for 2024*.

Carried

M. Steele accepted the nomination.

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

It was moved by **S. Menghsha, seconded by M. Newton-Reid,** *that Michael (Mike) Steele be appointed as Chair of the Finance and Facilities Committee for 2024.*

Carried

## DISCLOSURES OF CONFLICT OF INTEREST

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

## APPROVAL OF AGENDA

It was moved by **M. Newton-Reid, seconded by S. Menghsha,** *that the **AGENDA** for the February 15, 2024 Finance and Facilities Committee meeting be approved.*

Carried

## APPROVAL OF MINUTES

It was moved by **M. Newton-Reid, seconded by S. Menghsha,** *that the **MINUTES** of the September 14, 2023 Finance and Facilities Committee meeting be approved.*

Carried

## NEW BUSINESS

### 2024 Finance and Facilities Committee Terms of Reference (Report No. 01-24FFC)

Secretary and Treasurer E. Williams presented the draft 2024 Finance and Facilities Committee Terms of Reference.

E. Williams noted that the 2024 Board of Health reporting calendar (including reporting from the Finance and Facilities Committee) was approved at the January 18, 2024 Board of Health meeting. The Terms of Reference for the Finance and Facilities Committee was last reviewed and approved at the December 14, 2023 Board of Health meeting to change the cadence and time of Committee meetings. Meetings are now quarterly and starting at 6 p.m. before the regularly scheduled Board of Health meetings.

It was moved by **H. Shears, seconded by M. McGuire,** *that the Finance & Facilities Committee recommend to the Board of Health to:*

1) *Receive Report No. 01-24FFC re: "2024 Finance and Facilities Committee Terms of Reference" for information; and*
2) *Approve the 2024 Terms of Reference for the Finance and Facilities Committee.*

Carried

### Wellness Programming Contract Awarded (Report No. 02-24FFC)

Cynthia Bos, Associate Director, Human Resources and Labour Relations presented the report regarding the contract award for the Health Unit's wellness programming.

The contract for wellness programming was awarded by the Middlesex-London Health Unit to Cyno, which the Health Unit has been using successfully for 1 year. These services were recommended by an internal employee committee who participated in a Request for Proposal (RFP) process and selected Cyno as the Service Provider to supplement and support the wellness program at the Health Unit. The value of the contract is $26,208+HST for 2024, with potential increases depending on inflation in future years. The contract is for three years, with the option to renew for an additional one, two or three years.

Committee Member Selomon Menghsha inquired on the logistics of the Cyno platform and how it is offered. C. Bos explained that Cyno is a platform that contracts different service providers and that employees sign onto the platform online and can book sessions (individual or group) with listed service providers.

It was moved by **M. McGuire, seconded by M. Newton-Reid,** *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 02-24FFC re: "Wellness Programming Contract Awarded".*

Carried

**Employee and Family Assistance Program (EFAP) Services Contract Extension (Report No. 03-24FFC)**

C. Bos presented the report regarding the Health Unit's Employee and Family Assistance Program Contract Extension.

The Health Unit has had a contract with Homewood Health for Employee and Family Assistance Program (EFAP) since 2016. These services were recommended by an internal employee committee who reviewed the RFP process and selected Homewood Health as the service provider. Utilization continues to exceed budgeted amounts, indicating employees are satisfied with the services. The value of the contract is $26,208 per year based on an estimated utilization rate of 20%. Pending a contract from Homewood Health, the Health Unit will be signing the contract extension for 9 months and will continue services until December 31, 2024. The health unit is undergoing an RFP for employee benefits and have included the EFAP program within that process. The goal is to launch both simultaneously in January of 2025, which is why the extension with Homewood Health is only for nine months and not a full year.

Committee Member Matthew Newton-Reid inquired if the Board of Health needs to approve and execute the extension of the Employee and Family Assistance Program. Emily Williams, Chief Executive Officer noted that in April 2023, the Board approved new financial signing authority limits. The contract with Homewood Health was within the Chief Executive Officer's financial signing authority limits and was signed within that authority. E. Williams noted that the Health Unit's employee benefits would be going to Request for Proposal (RFP) which is anticipated to be only within the Board of Health's signing authority.

It was moved by **M. Newton-Reid, seconded by M. McGuire,** *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 03-24FFC re: "Employee and Family Assistance Program (EFAP) Services Contract Extension" for information.*

Carried

**2023 Public Sector Salary Disclosure (Report No. 04-24FFC)**

E. Williams presented the report on the 2023 Public Sector Salary Disclosure (Sunshine List) to the Committee.

Pursuant to the *Public Sector Salary Disclosure Act*, the Health Unit is required to disclose names, positions, salaries and taxable benefits of employees who were paid $100,000 or more in 2023. There are 37 individuals on the disclosure for 2023, and this information is required to be submitted to the Minister of Finance by the 5th business day of March (on or before March 7).

Committee Member M. Newton-Reid inquired how the salary disclosure list for 2023 compares to previous years such as during the pandemic. E. Williams noted that the number of individuals on the disclosure have decreased due to the Health Unit returning to the previous practice of not paying significant amounts of overtime.

M. Newton-Reid further inquired on the footnote (on the summary) regarding a secondment for employee Heather Lokko. E. Williams noted that this employee was on secondment from the Health Unit to London Health Sciences Centre (LHSC). LHSC reimbursed the Health Unit for the salary of the individual, and the individual has since joined LHSC on a permanent basis. E. Williams added that if there were questions of a public nature further on this matter they would be directed to LHSC.

It was moved by **M. Newton-Reid, seconded by H. Shears,** *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 04-24FFC re: "2023 Public Sector Salary Disclosure" for information.*

Carried

**2023 Vendor and Visa Payments (Report No. 05-24FFC)**

David Jansseune, Associate Director, Finance and Operations/Chief Financial Officer presented the 2023 Vendor and Visa Payments report.

The Health Unit's Procurement Policy requires staff to report annually to the Board of Health those suppliers who have invoiced/been paid a cumulative total value of $100,000 or more in a year. For 2023, 20 vendors are on this list.

In addition, a summary was prepared to show corporate credit card usage (Visa) in 2023. The total amount purchased using these cards (48 active cards) was $302,154 over 1,257 transactions. D. Jansseune noted that in 2024, Finance will be working with leaders to reduce the number of Visa cards and improve utilization.

Committee Member Howard Shears inquired if staff using their Visa cards was for emergency or unplanned purchases. D. Jansseune noted that credit cards are generally a preferred way of payment for some vendors, and some payments are in United States Dollars (USD) such as software purchases.

Committee Member Michael McGuire asked for comment regarding the spending amounts of accommodation and meals tripling from 2022, and why the line items of advertising/health promotion have decreased in spending by a third. M. McGuire also noted that medical/clinical supplies have decreased significantly as well.

D. Jansseune noted that with the pandemic response scaled down, supplies such as medical and clinical supplies have decreased for this reason, but also that the Health Unit is using a centralized ordering process through the Procurement and Operations team to improve efficiency in supply utilization.

Dr. Alexander Summers, Medical Officer of Health added that only some health promotion work resumed in 2023, due to the pandemic response and redeployed staff from health promotion activities.

It was moved by **M. McGuire, seconded by H. Shears,** *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 05-24FFC re: "2023 Vendor and Visa Payments" for information.*

Carried

**2023 Board of Health Remuneration (Report No. 06-24FFC)**

D. Jansseune provided an overview of 2023 Board of Health Remuneration. Pursuant to Section 284 (1) of the *Municipal Act*, the City of London and Middlesex County are required to report on the remuneration paid to Council members, including remuneration paid to members of Council by Boards and Commissions. Board Members (outside of City of London Councilors) were reimbursed at $151.49 per meeting with mileage at $0.65 per kilometer. In 2023, the actual spend in Board Member remuneration was $50,740, with a budget of $36,500.

Chair Steele inquired why remuneration spending was significantly higher for 2023. E. Williams explained a few factors to the increase in remuneration costs, which included significantly increased involvement of the Board Chair. Examples included the modified performance appraisal process, travel and accommodations for attending the Association of Local Public Health Agencies annual meeting, and attending government relations advocacy meetings (Association of Municipalities of Ontario delegations) with the Medical Officer of Health and Chief Executive Officer. E. Williams added that for 2024, there is a proposed modified engagement method for cost saving measures during the performance appraisal process

such as open office hours for the Board Chair as opposed to individual meetings. Committee Member M. Newton-Reid noted that while the budget is $36,500, the Board can re-evaluate if necessary.

It was moved by **M. Newton-Reid, seconded by M. McGuire,** *that the Finance & Facilities Committee recommend to the Board of Health to receive Report No. 06-24FFC re: "2023 Board of Health Remuneration" for information.*

Carried

**2023 Reserve, Bank Loan and Annual Surplus (Report No. 07-24FFC)**

D. Jansseune provided an overview of the status of the 2023 reserves, bank loan and annual surplus.

Reserves
The 2023 Board approved budget included drawing down $86,868 from the Employment Costs Reserve (approved in November 2022) to assist with staff wage increases. It also included contributing $100,000 to the Funding Stabilization Reserve (which has been completed). There is also a non-budgeted reserve contribution proposed for $107,935 to the Technology and Infrastructure Reserve for computer equipment in 2024. It is recommended to cancel the drawdown from the Employment Costs Reserve as the 2023 budget is balanced without it.

Bank Loan
The 2023 budget included a $100,000 accelerated payment to the variable bank loan. It is recommended to cancel this payment due to a shortage of cash. The Health Unit at this time has not received any funds from the Ministry of Health for COVID-19 expenditures.

Surplus
The draft (non audited) financial results for 2023 indicate a surplus of $107,935 from the Health Unit's Shared Funded Programs.

Committee Member M. Newton-Reid noted that the Health Unit was advised it would be receiving approximately $6.4 million in COVID-19 program funding and have not at this time, and inquired why the Health Unit has not received these funds. D. Jansseune noted that the Health Unit was in a positive cash flow situation until the third week of January, where the Health Unit has utilized its line of credit. D. Jansseune added that at this time, funding from the Ministry of Health has not been received.

M. Newton-Reid inquired if once funding is received, if the surplus drawdown could be transferred. D. Jansseune noted that the Board would need to decide on this action but reminding the Committee that there is only an approximately $108,000 surplus. D. Jansseune did not recommend this approach as it is unknown when the Health Unit will receive funding from the Ministry of Health.

M. Newton-Reid indicated his support for contributions to the Technology and Infrastructure Reserve but wished to revisit the accelerated loan payment at a future Committee or Board meeting due to concerns of rising interest rates. D. Jansseune noted that this could be explored. E. Williams noted that timing has a part in when the payment could be made to the loan. D. Jansseune added that a loan payment needs to be booked with the Ministry of Health, and the Finance team would need to run through income statements. Pursuant to the Public Sector Accounting Standards (PSAS), an adjustment would be made to move the loan payment off the income statement to the balance sheet and would still reflect in the surplus and deficit line items.

Committee Member H. Shears inquired what the carrying cost is for the Health Unit when the line of credit is required for operational payments for 1-2 months. D. Jansseune noted that the Health Unit does pay interest when the line of credit is used. The interest rate that the Health Unit pays on the line of credit balance is ¾ below the prime interest rate of 7.2%.

Chief Executive Officer E. Williams inquired if the Health Unit charges the Ministry of Health for interest payments during situations with funding pending, and the line of credit needs to be used. D. Jansseune noted that prior to 2024, the Health Unit could charge the Ministry but now costs would be absorbed into Shared Funding.

It was moved by **M. Newton-Reid, seconded by H. Shears,** *that the Finance & Facilities Committee recommend to the Board of Health to:*

1) *Receive Report No. 07-24FFC re: "2023 Reserve, Bank Loan and Annual Surplus" for information;*
2) *Approve the adjusted 2023 entries for Reserve and Accelerated Bank Loan payment;*
   *a) Approve the transfer of 2023 surplus up to $107,935 to the Technology & Infrastructure Reserve, pending approval from the City of London and County of Middlesex; and*
   *b) Approve the drawdown of this reserve in 2024 to purchase IT related equipment that was paused during 2023 Q4 (drawdown to equal contribution not exceeding $107,935); and*
3) *Direct staff to collaborate with the City of London and County of Middlesex; seek their approval on alternate use of 2023 surplus funds not exceeding $107,935.*

Carried

**2024 Budget Amendments (Report No. 08-24FFC)**

D. Jansseune provided an overview of 2024 budget amendments for the Committee and Board's consideration.

D. Jansseune explained that the Senior Leadership Team at the Health Unit reviewed 2024 budgeted general expenses in January. During this review, there were proposed amendments to the 2024 budget as outlined in Appendix A and noting that there are no changes to staffing.

The Senior Leadership Team identified $154,834 of additional general expenses which were offset with $204,142 in recoveries from the iHEAL and NFP programs. The remaining $49,308 reduced the gap from $990,551 to $941,244. The 2024 budget at this time has no surplus or deficit.

It was moved by **M. Newton-Reid, seconded by S. Menghsha,** *that the Finance & Facilities Committee recommend to the Board of Health to approve the adjustments to the 2024 budget outlined herein in Appendix A.*

Carried

**OTHER BUSINESS**

The next meeting of the Middlesex-London Board of Health (Finance and Facilities Committee) is on Thursday, May 16, 2024 at 6 p.m. (in person).

**ADJOURNMENT**

At **6:37 p.m.,** it was moved by **M. McGuire, seconded by M. Newton-Reid,** *that the meeting be adjourned.*

Carried

| | |
|---|---|
| _____ | _____ |
| **MICHAEL STEELE** | **EMILY WILLIAMS** |
| **Committee Chair** | **Secretary** |

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

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 15-24**

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

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

**DATE:** 2024 March 21

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# alPHA RESOLUTION: PERMITTING APPLICATIONS FOR AUTOMATIC PROHIBITION ORDERS UNDER THE *SMOKE FREE ONTARIO ACT, 2017* FOR VAPOUR PRODUCT SALES OFFENCES

## Recommendation

*It is recommended that the Board of Health:*

1) *Receive Report No. 15-24 re: "alPHa Resolution: Permitting Applications for Automatic Prohibition Orders under the Smoke Free Ontario Act, 2017 for Vapour Product Sales Offences"; and*
2) *Direct staff to submit the draft resolution, attached as Appendix A, to the Association of Local Public Health Agencies (alPHa) for consideration at the Annual General Meeting on June 5, 2024.*

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**Report Highlights**

- The Health Unit's Tobacco Enforcement Officers have noted an increase in the number of warnings and charges being issued against vapour product retailers.
- Under Section 22 of the *Smoke-Free Ontario Act, 2017 (SFOA, 2017),* routine non-compliance with commercial tobacco sales offences by tobacco product retailers results in the issuance of an automatic prohibition order by the Ministry of Health. This does not apply to vapour product retailers.
- Health Unit staff prepared a draft resolution, attached as Appendix A, that if approved, would go to the Association of Local Public Health Agencies (alPHA) Annual General Meeting on June 5, 2024.
- The resolution recommends that alPHA urge through the Ministry of Health to the Government of Ontario to implement an automatic prohibition order regime for vaping product sales offences that is modelled after Section 22 of the *SFOA, 2017.*

## Background

Nicotine vapour products were legalized in Canada on May 23, 2018 with the enactment of Canada's *Tobacco and Vaping Products Act.* Ontario's *Smoke-Free Ontario Act* and *Electronic Cigarettes Act* were repealed to allow for the enactment of the *Smoke-Free Ontario Act, 2017 (SFOA, 2017);* landmark legislation which regulates the sale, supply, display, and promotion of

commercial tobacco and vapour products at retail. The *SFOA, 2017* also prohibits the smoking of commercial tobacco and cannabis, and the vaping of any substance in enclosed workplaces and public places, as well as other designated places in Ontario to protect people from second-hand smoke and vapour, and to role model a lifestyle free from the smoking and vaping.

Despite the current regulatory measures in place to reduce youth and young adult vapour product access and appeal, vaping prevalence rates within the youth and young adult populations have reached alarming levels. According to the 2022 Canadian Tobacco and Nicotine Survey, 30% of youth aged 15 to 19 years and 48% of young adults aged 20 to 24 years reported having tried vaping in their lifetime. Younger Canadians were also more likely than those 25 years of age and older to have vaped within the past 30 days, with 14% of youth aged 15 to 19 and 20% of those aged 20 to 24 years (compared to 4% of Canadians aged 25 years and older). The existing legislative framework does not sufficiently address the risks associated with these products. Retailers are not held to the same level of accountability for non-compliance with the sections of the *SFOA, 2017* that regulate the sale of vapour products.

**Opportunity to Strengthen Retail Compliance Measures – Resolution for alPHA**

The Health Unit's Tobacco Enforcement Officers have been noting an increase in the number of retail outlets that sell vapour products within the Middlesex-London jurisdiction. Additionally, overall compliance with vapour product provisions under the *SFOA, 2017* is decreasing. Operators have shared with Tobacco Enforcement Officers that the total revenue from sales of vapour products far exceeds both the fine amounts and the risk of product seizures and is viewed as a cost of doing business. Similar trends have been observed and reported in other public health unit jurisdictions.

Under Section 22 of the *SFOA, 2017*, an Automatic Prohibition Order will be issued by the Ministry of Health, and served by the local public health unit, when there are two or more registered convictions within a five-year period against any owner for commercial tobacco sales offences committed at the same location. Vapour products can continue to be sold at a retailer even if they are under an Automatic Prohibition Order. At present, there is no automatic prohibition lever that can be applied to vapour product sales infractions. Based on lessons learned from the enforcement of the regulations under the *SFOA, 2017* for commercial tobacco products, Health Unit staff prepared a draft resolution, attached as Appendix A, that recommends that the Ontario Government implements an automatic prohibition regime for vaping products that is modelled after Section 22.

**Next Steps**

The Annual General Meeting (AGM) of the Association of Local Public Health Agencies (alPHA) is scheduled for June 5, 2024. Upon approval of the draft resolution, attached as Appendix A, staff will submit the resolution for consideration at the AGM. The Medical Officer of Health, Dr. Alex Summers, will sponsor the resolution at the AGM.

This report was co-written by the Manager of Safe Water, Tobacco Enforcement, and Vector Borne Disease and the Manager of Social Marketing and Health Systems Partnerships.

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

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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Substance Use and Injury Prevention Standard (requirements 2 and 3) as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Our public health programs are effective, grounded in evidence and equity.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically ensuring the use of culturally appropriate language.

alPHa
Association of Local PUBLIC HEALTH Agencies

**alPHa RESOLUTION AXX-YY (year-number – assigned by alPHa)**

**TITLE:** **Permitting Applications for Automatic Prohibition Orders under the *Smoke Free Ontario Act, 2017* for Vapour Product Sales Offences**

**SPONSOR:** **Middlesex-London Health Unit (MLHU)**

**WHEREAS** In Ontario, there are approximately 800 age-restricted specialty vape stores and 12,000 retail outlets that sell both commercial tobacco and vapour products; and

**WHEREAS** in Ontario, under the *Smoke-Free Ontario Act, 2017,* the sale of menthol, mint, and tobacco-flavoured e-cigarettes (vapour products) is permitted at convenience stores, gas stations, and any other retail environment where vulnerable individuals have access; and

**WHEREAS** in Ontario, the sale of menthol, mint, tobacco-flavoured, fruit, and candy-flavoured vapour products are permitted at age-restricted specialty vape stores; and

**WHEREAS** in 2023, approximately 414 charges were issued against retailers of vapour products in Ontario for selling a vapour product to a person under the age of 19 years of age; and

**WHEREAS** in 2023, approximately 182 charges were issued against retailers of vapour products in Ontario for selling flavoured e-cigarettes and/or selling vapour products with greater than 20 mg/ml nicotine, contrary to regulations under the *Smoke-Free Ontario Act, 2017*; and,

**WHEREAS** automatic prohibition orders under Section 22 of the *Smoke-Free Ontario Act, 2017* apply to tobacco product sales convictions only; and

**WHEREAS** the membership previously carried resolution A21-1 proposing provincial and federal policy measures to address youth vaping, several of which have not been implemented.

**NOW THEREFORE BE IT RESOLVED** that the Association of Local Public Health Agencies urge through the Ministry of Health to the Government of Ontario to include automatic prohibition order applications by public health for convictions related to vapour product retail sales to prevent unauthorized sales to the public;

**AND FURTHER** that the Association of Local Public Health Agencies advise all Ontario Boards of Health to recommend their local Members of Provincial Parliament to advocate for an amendment to Section 22 of the *Smoke Free Ontario Act, 2017* to include vapour product sales convictions for inclusion within automatic prohibition order applications.

**Statement of Sponsor Commitment**

The Middlesex-London Health Unit is discouraged by the level of non-compliance by vapour product retailers despite the provisions under the *Smoke-Free Ontario Act, 2017*. Regardless of the development of regulatory measures to reduce youth access and appeal of vapour products, the number of brick-and-mortar retailers in Ontario has increased significantly. Increased youth access to vapour products threatens to reverse what has been a downward trend in smoking rates and nicotine addiction within our youth and young adult populations.

The Middlesex-London Health Unit's Tobacco Enforcement Officers have been noting an increase in the number of warnings and charges being issued against vapour product retailers for sales to persons under the age of 19 years of age. Retailers that are prohibited from offering to sell candy and fruit-flavoured vapour products and e-cigarettes with nicotine concentrations greater than 20 mg/ml continue to do so, despite the deployment of progressive enforcement measures. It has become apparent that the issuance of fines and seizures of vapour products are an insufficient deterrent.

Under the *Smoke-free Ontario Act, 2017*, routine non-compliance with tobacco sales offences results in the issuance of an automatic prohibition order under Section 22. At present, a similar enforcement tool for routine non-compliance with regulatory measures for vapour products does not exist. An amendment to Section 22 of the *Smoke-Free Ontario Act, 2017* to include vapour product sales convictions for inclusion within automatic prohibition order applications is warranted to help reduce youth access to these highly addictive products.

Dr. Alex Summers, Medical Officer of Health for the Middlesex-London Health Unit, will be present at the 2024 Annual General Meeting to provide clarification on the proposed resolution.

**Background**

Under the *Smoke-Free Ontario Act, 2017* (*SFOA, 2017*), an Automatic Prohibition Order will be issued by the Ministry of Health, and served by the local public health unit, when there are two or more registered convictions within a five-year period against any owner for tobacco sales offences committed at the same location. Automatic Prohibition Orders can be based on registered convictions against multiple owners (past and present); that is, ownership of the business at that location may change but the convictions and the Automatic Prohibition Order stay with the address. The length of the prohibition on the sale and storage of tobacco at an address depends upon the number of convictions within a five-year period. Two convictions registered at the address within five years results in a six-month prohibition, three convictions registered at the address within a five-year period warrants a nine-month prohibition, and four convictions within a five-year period result in a twelve-month prohibition. While an Automatic Prohibition Order is in effect, wholesalers or distributors are prohibited from delivering tobacco products to that location.

Under Section 22 of the *SFOA, 2017*, only registered convictions for tobacco sales offences are eligible for inclusion in the application of an Automatic Prohibition Order. Examples of tobacco sales offences that can result in the issuance of an Automatic Prohibition Order include:

- The sale or supply of tobacco to someone under the age of 19 years.
- Failing to request identification from someone appearing to be less than 25 years of age.

- Selling tobacco without posting required age restriction and government identification signs.
- The sale of improperly packaged tobacco.
- The sale of tobacco in vending machines.
- The sale or storage of tobacco during an automatic prohibition.
- Selling unmarked or unstamped tobacco in violation of section 8 or 9 of the *Tobacco Tax Act.*

Vapour products can continue to be sold at a retailer even if they are under an Automatic Prohibition Order for violating either the *Smoke-Free Ontario Act, 2017* or the *Tobacco Tax Act.* Between 2011 and 2023, Middlesex-London Health Unit has served 25 Automatic Prohibition Orders**,** with 3 Orders in effect at the present time.[1]

**The Changing Vapour Product Retail Landscape**

Since the legalization of nicotine vapour products in Canada on May 23, 2018, under Canada's *Tobacco and Vaping Products Act,* the retail market landscape has undergone significant changes in Ontario. In the Middlesex-London jurisdiction, the number of retailers that sell vapour products has grown from 186 in 2018, to 253 in 2023. Provincially, it is estimated that there are there are approximately 800 age-restricted specialty vape stores and 12,000 retail outlets that sell both commercial tobacco and vapour products. This growth in community availability of vapour products is in alignment with the growth of the global e-cigarette market. In 2021, the global e-cigarette market was valued at approximately 20.4 billion US dollars, with projections to continue its rapid growth to 30 billion US dollars by 2027 (Business Wire, 2022).

Nicotine is highly addictive, and the negative effects on youth brain development (US Surgeon General, 2016) and growing evidence regarding cardiovascular and lung health harms associated with vapour product use is a significant public health concern (Buchanan et al., 2020; Davis et al., 2022; Keith and Bhatnagar, 2021; Kennedy et al., 2019; Willis et al., 2020). To reduce youth access, it is illegal to sell or supply a vapour product to a person under the age of 19 years in Ontario under the *SFOA, 2017.* Additionally, only vapour products flavoured with mint, menthol, and tobacco can be sold in non-specialty vape stores (e.g., convenience stores, grocery stores, gas station kiosks, etc.); whereas, all flavoured vapour products, including candy- and fruit-flavoured products can be sold in age-restricted specialty vape stores. Under Canada's *Tobacco and Vaping Products Act,* the sale of vapour products with nicotine concentrations greater than 20 mg/ml is prohibited. Despite these health protective regulatory measures, public health units report significant retailer non-compliance.

[1] *The Smoke-Free Ontario Act* came into force on May 31, 2006. Although retailers were already selling tobacco products, convictions prior to this date were not applicable to APs which is why the date of 2011 is used (2006 + 5 years = 2011). Same applies for the *Smoke-Free Ontario Act, 2017* – it came into force on October 17, 2018, so any convictions prior to this date were not applicable to APs which is relative to the 3 APs that were issued in 2023 and are still active (2018 + 5 years = 2023).

**Table 1**
***Retailer Non-Compliance as Reported by Ontario Public Health Units for 2023***

| | |
|---|---|
| **# of charges** issued to either a clerk OR an owner (e.g., sole proprietor, general limited partnership, or corporation) for the **supply or sale** of a vapour product to a **person under the age of 19 years of age**. | **414**[1] |
| **# of charges** issued to either a clerk OR an owner for the **supply or sale** of a vapour product to a person who **appears to be less than 25 years of age without requesting government ID** | **54**[1] |
| **# of charges** issued for **selling or offering to sell flavoured e-cigarettes in a prohibited place** (e.g., fruit or candy flavoured vaping products in a non-specialty vape store) and/or **selling or offering to sell** vapour products with **greater than 20 mg/ml nicotine** | **182**[1] |
| **# of vapour product seizures** | **474**[2] |

[1] These numbers are an underrepresentation of non-compliance. Many Health Units reported that due to the COVID-19 pandemic response and staff redeployments between 2020 and 2022, enforcement programs were not fully functional until 2023. In 2023, the emphasis was on education, the issuing of warnings (versus charges), and re-inspections to gain compliance.
[2]This number is an underestimation of non-compliance. Some Health Units were unable to report due to insufficient time provided to collate local tracking data. Additionally, due to capacity challenges in 2023, some public health units relied on referrals to Health Canada for seizures.

Overall, compliance with vapour product provisions under the *SFOA, 2017* is decreasing. Operators have shared with Tobacco Enforcement Officers that the total revenue from sales of vapour products far exceeds both the fine amounts and the risk of product seizures and is viewed as a cost of doing business. Public Health Units also reported that in 2023, convenience store operators began to explore how to operate an age-restricted specialty vape store in conjunction with their convenience store, to expand the inventory of vapour products that they could legally sell. This change in the retail marketplace has the potential to further increase market availability of vapour products to youth. Based on current compliance rates and reported retailer behaviours, current vapour product regulations are insufficient.

**Opportunity to Strengthen Controls to Reduce Youth Access and Increase Retailer Compliance**

Rates of youth vaping are escalating at a concerning rate. According to the 2022 Canadian Tobacco and Nicotine Survey, 30% of youth aged 15 to 19 years and 48% of young adults aged 20 to 24 years reported having tried vaping in their lifetime (Statistics Canada, 2023). Reducing youth access to vaping products through the enforcement of age restriction legislation is an important public health measure. Current test shopping and inspection practices of Ontario public health unit staff are critical to promote and monitor retailer compliance; however, opportunity exists to strengthen controls at retail. As noted in the Middlesex-London Health Unit's 2022 submission to Health Canada to help inform the legislative review of Health Canada's *Tobacco and Vaping Products Act*, there is no automatic prohibition lever that can be applied to retailers who continue to sell vapour products to persons under the age of 19 years, nor for non-specialty vape stores that continue to sell vapour products that should only be available for sale in age-restricted stores in Ontario. Retailers are not held to the same level of accountability for non-compliance with the sections of the *SFOA,* 2017 that regulate the sale of vapour products.

Based on lessons learned from the enforcement of the regulations under the *SFOA, 2017* for commercial tobacco products, the Middlesex-London Health Unit recommends that the Ontario Government implements an automatic prohibition regime for vaping products that is modelled after Section 22,

which would apply to repeated convictions against retailers who:

- Sell or supply vaping products to someone under the age of 19 years.
- Fail to request identification from someone appearing to be less than 25 years of age.
- Sell or offer to sell vapour products without posting required age restriction and government identification signs.
- Sell or offer to sell vaping products that are regulated by law in a prohibited place.
- Sell or offer to sell vaping products that are prohibited by law.
- Sell or store vapour products during an automatic prohibition.

By permitting public health units to apply to the Ministry of Health for an automatic prohibition order against a retailer who has committed either tobacco product and/or vapour product violations, retailers who are providing either of these products to vulnerable individuals will be prevented from doing so for a defined period of time depending upon the number of registered convictions on file for a location. Nicotine, whether in the form of a vaping product or a commercial tobacco product, is harmful for youth and young adults. Nicotine interferes with healthy brain development, which continues until the age of 25, and young people can become heavily addicted with lower levels of exposure than adults (US Surgeon General, 2016). It is important to hold retailers of these harmful products accountable when commercial tobacco and vaping products are being sold in contravention of the *Smoke-Free Ontario Act, 2017.*

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# MIDDLESEX-LONDON BOARD OF HEALTH

## REPORT NO. 16-24

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

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

**DATE:** 2024 March 21

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## RECOMMENDATION FOR PROVINCIAL AND FEDERAL RESTRICTIONS ON NICOTINE POUCHES

### Recommendation

*It is recommended that the Board of Health:*

1) *Receive Report No. 16-24 re: "Recommendation for Provincial and Federal Restrictions on Nicotine Pouches" for information;*
2) *Endorse the Windsor-Essex County Board of Health Resolution Report, attached as Appendix A; and*
3) *Direct staff to submit a letter to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as Appendix B.*

---

**Report Highlights**

- Health Canada authorized nicotine pouches containing 4 mg of nicotine under the *Natural Health Products Regulations,* raising concerns nationwide due to their accessibility, marketing, and appeal to youth.
- The Windsor-Essex County Board of Health Resolution Report, attached as Appendix A, calls for swift federal action to curb sales to those under 18 years of age and calls for provincial restrictions on the flavoring, sale, display, and promotion of nicotine pouches under the *Smoke-Free Ontario Act, 2017.*
- Health Unit staff prepared a letter for submission to Health Canada on behalf of the seven public health units in southwestern Ontario, attached as Appendix B, endorsing the Windsor-Essex County Board of Health Resolution Report.

### Current Landscape of Nicotine Products in Canada

Nicotine pouches made by Imperial Tobacco Canada Ltd. were officially authorized for sale by Health Canada as a natural health product on July 18, 2023, under the *Natural Health Products Regulations* as nicotine replacement therapy and a smoking cessation aid. Each package contains 10 or 24 pouches, and each pouch contains up to 4 milligrams of nicotine. The amount of nicotine in a cigarette can vary, depending upon the brand (11.9 to 14.5 mg of nicotine); however, those who smoke will only absorb 1 to 1.5 mg of nicotine from a single stick. This means that one pouch may contain nicotine that is the equivalent of up to 4 cigarettes.

The classification of nicotine pouches as a natural health product allowed the pouches to fall beyond the scope of the federal *Tobacco and Vaping Products Act (TVPA*) and the provincial *Smoke-Free Ontario Act (SFOA), 2017*, which regulate the marketing, retail sale and display, and public use of commercial tobacco and vaping products. Presently, in Ontario, nicotine pouches are available for purchase at convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Large video advertisements and branded display units promote the pouches as a quitting aid, while the producers of these products continue to manufacture and market commercial tobacco and vaping products. The spectrum of available nicotine products is growing as the tobacco industry capitalizes on gaps in the current regulatory framework.

**Reaction and Regulatory Approaches Across Canada**

Due to nicotine's highly addictive nature and its adverse effects on the developing brains of youth and young adults, the approval by Health Canada sparked significant concern among health organizations across Canada. The advertising of nicotine pouches is governed federally; however, where these products can be sold, including age and advertising restrictions at retail, rest with provinces and territories. Youth-friendly advertising, substantial marketing and distribution strategies, and flavoured nicotine products that lack age restriction regulations are a local public health concern. Retailers are reporting that they are challenged to keep the different brands of nicotine pouches and gum produced by the tobacco industry in stock across Middlesex-London, and packaging is being littered in schools and in parks.

Until recently, Québec was the sole Canadian province with a regulatory framework limiting the sale of nicotine replacement therapy products, including nicotine pouches to pharmacies. However, on February 7, 2024, British Columbia enacted regulation to restrict the sale of nicotine pouches to behind the counter at pharmacies, requiring consultation with a pharmacist prior to purchase. At the time of drafting this report, no additional measures have been taken by other provinces.

**Next Steps**

In January 2024, the Windsor-Essex County Board of Health passed a resolution report, attached as Appendix A, calling for immediate federal and provincial regulatory action. The Resolution Report calls on the federal government to take swift action to address the regulatory gap allowing nicotine pouch sale to individuals under 18 years of age. Furthermore, the resolution calls on the provincial government to regulate the retail sale of nicotine pouches under the *Smoke-free Ontario Act, 2017.* An endorsement letter was prepared by Health unit staff on behalf of the Southwest Tobacco Control Area Network (i.e., the seven public health units in southwestern Ontario), attached as Appendix B. With Board of Health direction, the letter would be submitted to Health Canada and copied to the Ontario Ministry of Health.

This report was prepared by the Social Marketing and Health System Partnerships Team.

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

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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Substance Use and Injury Prevention Standard (requirements 2 and 3) as outlined in the *Ontario Public Health Standards*
- The *Tobacco and Vaping Products Act*
- The *Smoke-free Ontario Act, 2017*
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Our public health programs are effective, grounded in evidence and equity.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation: An Organizational Plan, specifically ensuring the use of culturally appropriate language.

# Windsor-Essex County Health Unit Board of Health

# RECOMMENDATION/RESOLUTION REPORT

# Steps toward Limiting Nicotine Addiction in Youth;

# *Local, Provincial, and Federal Restrictions on Nicotine Pouches*

# Date: Thursday, January 18th, 2024

## ISSUE/PURPOSE

The recent availability of Nicotine Pouches under the brand name "Zonnic" has triggered widespread concern from health organizations across Canada, including the Canadian Cancer Society, Heart and Stroke, and the Canadian Lung Association, who have issued calls for immediate federal action to regulate their sale to youth (von Stackelberg, 2023). Health Canada has approved the products under their *Natural Health Products* designation as a Nicotine Replacement Therapy (NRT) which can be used to quit smoking. Each package contains either 10 or 24 pouches with each pouch contains up to 4mg of nicotine, the equivalent of up to 2 cigarettes (Marsh, 2023).

Nicotine is highly addictive and has permanent adverse effects on the developing brains of youth and concerns regarding the nicotine pouches are rooted in their marketing and distribution approach being attractive to young people. An approach which includes attractive colours and targeted promotions, fruity flavouring which includes sweeteners, and a lack of regulations which makes it legal for children and youth to purchase these products. The similarities in purpose, advertising, and the range of flavors offered by nicotine pouches relative to the already popular vaping products poses a significant risk of sparking a trend comparable to rapid uptake of vaping amongst youth.

## BACKGROUND

Nicotine pouches were approved for sale in Canada on July 18, 2023 as a *Natural Health Product*. The nicotine pouches are currently outside the scope of the federal *Tobacco and Vaping Products Act* (TVPA) and the provincial *Smoke-free Ontario Act (SFOA) 2017* which regulate tobacco and vaping products by restricting their advertisement, display, and public use. As a result, the nicotine pouches are currently being sold at convenience stores and gas stations, placed alongside items such as candy and chips. The pouches are sold in vibrant packaging and various sweet and fruity flavours which are attractive to younger populations.

The recent growth in popularity of vaping products serves as an example of the importance of moving quickly to mitigate the risk of these new products (University of Waterloo & Brock University, 2023). Although research on the health effects of using nicotine pouches is still emerging, the effects of using oral NRTs include mouth ulcers, mouth and throat soreness, and coughing (M. Jackson et al., 2023). For youth and young adults who develop a dependence on nicotine, lasting negative impacts on the cognitive abilities, growth, and development can also occur (Stein et al., 1998; Ren & Lotfipour, 2019). Most concerningly, given the highly addictive nature of nicotine, dependence can lead to further use of vaping product, tobacco products, or other drugs (Leslie, 2020).

The Windsor-Essex County Health Unit (WECHU) has consistently engaged businesses, school administrators, students, parents, and municipalities to inform these groups about the health consequences of tobacco and vaping

and has worked closely with them to develop policies, and enforce provincial regulations pertaining to smoking and vaping in public areas. The WECHU is committed to working closely with these same partners to better understand the best ways to keep residents, in particular young people, safe from these products however, until such time that a regulatory framework is established at the federal and provincial levels it is possible that the uptake of these products in Windsor and Essex County will escalate in a similar manner to vaping products.

## PROPOSED MOTION

**Whereas**, Health Canada has approved Nicotine Pouches for sale under a *Natural Health Product* designation which does not provide restrictions on advertising or sale to minors; and

**Whereas**, there is no evidence to demonstrate the efficacy of Nicotine pouches as a smoking cessation aid; and

**Whereas,** the emergence of nicotine pouch products produced by Imperial Tobacco Canada, under the brand name "Zonnic" has occurred rapidly without the same regulations applied to other nicotine products; and

**Whereas,** the marketing and accessibility of Zonnic Pouches raises concerns regarding its appeal to youth populations; and

**Whereas,** the Nicotine Pouches fall outside existing provincial regulations on tobacco and vaping products; and

**Whereas**, there are significant concerns regarding the risks to youth and young adults who do not smoke and parallels between nicotine pouch use and vaping.

**Now therefore be it resolved** that the Windsor-Essex County Board of Health strongly encourages the federal government to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to people under the age of 18; and

**FURTHER THAT**, the Windsor-Essex County Board of Health strongly encourages the province of Ontario to take immediate action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches under the provincial *Smoke-free Ontario Act, 2017;* and

**FURTHER THAT,** the Windsor-Essex County Health Unit works closely with local municipalities to review tobacco/vape-free public place bylaws to include additional nicotine products; and

**FURTHER THAT**, the Windsor-Essex County Health Unit works closely with local schools and boards to update policies to ensure products like nicotine pouches, and other emerging products that are tobacco or nicotine related are prohibited on school property.

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BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

**March 21, 2024**

The Honourable Mark Holland
Minister of Health
House of Commons
Ottawa, ON
K1A 0A6

**Re: Recommendation for Provincial and Federal Restrictions on Nicotine Pouches**

Dear Minister Holland:

The Middlesex-London Health Unit (MLHU), on behalf of Ontario's Southwest Tobacco Control Area Network (SWTCAN), expresses our shared support and endorsement of the Windsor-Essex County Board of Health Resolution Report entitled "*Steps Toward Limiting Nicotine Addiction in Youth*", attached as Appendix A. The pervasive distribution, flavoring, display, promotion, and underage sales of nicotine pouches within our communities threaten to undermine the gains that have been made to reduce youth and young adult nicotine dependence. The SWTCAN, comprised of Chatham-Kent Public Health, Grey Bruce Public Health, Huron Perth Public Health, Lambton Public Health, Middlesex-London Health Unit, Southwestern Public Health, and the Windsor-Essex County Health Unit, asks for swift action to address this new kind of flavoured nicotine product that is being marketed and sold to young people in convenience stores and gas station kiosks.

The administrative decision by Health Canada to approve Zonnic nicotine pouches for sale under the *Natural Health Products Regulations* has meant that flavoured nicotine pouches are now available for purchase in all kinds of retail settings, primarily convenience stores and gas stations, displayed alongside candy, chips, and gum. The pouches come in colourful packaging and in a variety of sweet and fruity flavours, which are particularly appealing to younger consumers. Other brands of nicotine pouches, including "Zyn" and "KlinT" have found their way to the retail shelves in southwestern Ontario. Large video advertisements and branded display units promote the sale of nicotine pouches in the same retail settings where commercial tobacco and vaping products are available for purchase. The spectrum of available nicotine products is growing as the commercial tobacco and vapour product industry capitalize on gaps in the current regulatory framework.

The rapid emergence of nicotine pouches in the market has meant that provincial governments have had insufficient time to establish their own regulatory frameworks to prepare their own response to regulate the sale of these products, with the exception of British Columbia and Quebec. The Ontario public health units of the SWTCAN recommend the enactment of federal and provincial regulatory measures to address the retail sale and promotion of flavoured nicotine pouches. Specifically:

- that the federal government takes swift action to close the regulatory gap that permits the sale of nicotine pouches to individuals under 18 years of age; and,
- that the provincial government consider taking action to embed restrictions on the flavouring, sale, display, and promotion of nicotine pouches under the *Smoke-free Ontario Act, 2017.*

To provide the necessary time for provincial governments to respond to this emerging nicotine delivery device, the SWTCAN recommends that Health Canada reclassify nicotine pouches as a prescription product or enact a suspension and temporary moratorium on the approval and sale of all nicotine pouches until appropriate regulatory measures are in place.

Nicotine is a highly addictive substance, with substantial evidence documenting the adverse effect of nicotine on the developing brains of youth and young adults. The Middlesex-London Health Unit and the public health units within the SWTCAN remain committed to working collaboratively with our school, municipal, provincial, and federal partners to prevent nicotine dependence, to promote cessation, and to protect communities through the promotion and enforcement of health protective policies.



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The Middlesex-London Board of Health reviewed further information, which has been attached to this letter (Report No. 16-24 and Appendix A).

Sincerely,

| | | |
|---|---|---|
| Matthew Newton-Reid<br>Board Chair | Dr. Alexander Summers MD, MPH, CCFP, FRCPC<br>Medical Officer of Health | Emily Williams BScN, RN, MBA, CHE<br>Chief Executive Officer |

Cc: Ontario Boards of Health
Hon. Sylvia Jones, Ontario Minister of Health
Arielle Kayabaga, Member of Parliament, London West
Karen Vecchio, Member of Parliament, Elgin-Middlesex-London
Lianne Rood, Member of Parliament, Lambton-Kent-Middlesex
Lindsay Mathyssen, Member of Parliament, London-Fanshawe
Peter Fragiskatos, Member of Parliament, London North Centre
Teresa Armstrong, Member of Provincial Parliament, London-Fanshawe
Hon. Rob Flack, Member of Provincial Parliament, Elgin-Middlesex-London
Terence Kernaghan, Member of Provincial Parliament, London North Centre
Peggy Sattler, Member of Provincial Parliament, London West



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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 17-24**

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

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

**DATE:** 2024 March 21

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# QUARTERLY RISK REGISTER UPDATE – Q4 2023

## Recommendation

*It is recommended that the Board of Health:*

1) *Receive Report No. 17-24 re: "MLHU Q4 2023 Risk Register Update" for information; and*
2) *Approve the Q4 Risk Register (Appendix A).*

---

**Report Highlights**

- There were ten (10) risks identified in Q3 of 2023.
- No new risks were identified in Q4, nor were any risks removed from the Risk Register.
- Residual Risk in Q4:
    - Five (5) classified as minor risk.
    - Five (5) classified as moderate risk – one (1) Political Risk related to Public Health modernization and mergers has shifted from significant risk to moderate risk.

## Background

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

The OPHS require boards of health to have a formal risk management framework in place that identifies, assesses, and addresses risks. In response to OPHS, the MLHU maintains a Risk Register (Appendix A) which is a repository for all risks identified across the organization and includes additional information about each risk (priority rating, mitigation strategies, and residual risk). It captures the MLHU's response and actions taken to address risks, which are monitored on a quarterly basis and reported to the Board.

**Q4 2023 Risk Register**
There are ten (10) risks identified on the Q4 Risk Register with no risks identified from Q3.

Of the ten (10) risks identified on the Q4 Risk Register:

- Six (6) are high risk.
  - Three (3) carry moderate residual risk within the Financial, Political, and Technology categories.
  - Each risk is receiving effective mitigation to date; however, due to external factors outside of MLHU control, the risk cannot be further mitigated at this time.
- Four (4) are medium risk.
  - Two (2) carry moderate residual risk related to Technology and People/Human Resources risk categories.
  - Two (2) carry minor residual risk related to Technology and Legal/Compliance risk categories.
  - These four (4) risks are receiving effective mitigation strategies to minimize organizational risk to an acceptable level.

Cyber threats remain the largest risk to the agency. The municipal government and health sectors have been targeted of late. To mitigate cyber threats, MLHU works closely with internal partners and cyber insurer to implement and sustain best practices.

This report was written by the Manager, Privacy, Risk and Client Relations.

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

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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Practices standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
  - Organizational Excellence – we make decisions, and we do what we say we are going to do.
  - Direction 4.2 – Develop and initiate an organizational quality management system

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically recommendation Governance.

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 18-24**

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

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

**DATE:** 2024 March 21

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# PRIVACY PROGRAM – IPC STATISTICAL REPORTS

## Recommendation

*It is recommended that the Board of Health receive Report No. 18-24 re: "Privacy Program – Information and Privacy Commissioner (IPC) Statistical Reports" for information.*

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**Report Highlights**

- Annual IPC Statistical Reporting is due March 1 for the previous calendar year and is comprised of three (3) reports – confirmed privacy breaches, access and correction requests under PHIPA and access and correction requests under MFIPPA.
- Middlesex-London Health Unit completed the annual IPC Statistical Reporting obligation on February 16, 2024, for the 2023 statistical year.
- MLHU had no privacy breach incidents in 2023 that met the threshold for notification to the IPC.

## Background

The MLHU Privacy Office completes annual statistical reporting to the Information and Privacy Commissioner of Ontario in accordance with the requirements set out in the *Personal Health Information Protection Act (PHIPA), O. Reg 329/04*, and the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).*

## Annual IPC Statistical Reports

MLHU must report to the IPC in three distinct areas:

1. Confirmed privacy breaches under PHIPA, attached as Appendix A.
2. Access and correction requests under PHIPA, attached as Appendix B.
3. Access and correction requests under MFIPPA, attached as Appendix C.

**2023 Statistics**

| REPORT | TOTAL |
|---|---|
| Privacy Breaches | 0 |
| PHIPA Access Requests | 21 |
| MFIPPA Access Requests | 7 |

**Next Steps**

The annual privacy and confidentiality attestations have been completed agency wide for 2024. Moving forward, continuous privacy education and auditing will be ongoing throughout the year.

This report was written by the Manager, Privacy, Risk and Client Relations.

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

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

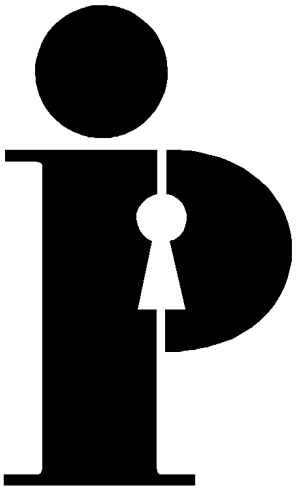
**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Management Practices standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The *Personal Health Information Protection Act (PHIPA), O. Reg 329/04*, and the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).*

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically recommendation Governance.

PHIPA BREACH STATISTICS

***DRAFT FOR DISCUSSION PURPOSES***



**Statistical Report for the**
**Information and Privacy Commissioner of Ontario**

**on**

**Personal Health Information Privacy Breaches**

# WORKBOOK AND COMPLETION GUIDE

## Introduction

Use this Workbook and Guide as a "how to" tool to complete the annual report for the Information and Privacy Commissioner of Ontario (IPC) about privacy breach statistics, as required by section 6.4 of Ontario Regulation 329/04 made pursuant to the *Personal Health Information Protection Act, 2004* (*PHIPA*). We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with it.

Health privacy breach statistics will be collected through the IPC's Online Statistics Submission Website from January to March 1 each year. For your convenience this Workbook and Guide is laid out in the same manner as the online questionnaire (section by section).

If there are any questions that have not been answered by this guide, there are two ways to receive additional information from the IPC:

- e-mail statistics.ipc@ipc.on.ca;
- call our main switchboard:
  Local calls 416 326-3333
  Long distance, use our toll-free line: 1-800-387-0073

Please note: Incomplete questionnaires may result in the custodian's submission being partly or entirely excluded from the statistics generated for the IPC's annual report.

Health information custodians are required to report statistics on health privacy breaches annually to the IPC**.**

If no privacy breaches under this Act occurred, **only health information custodians that are also institutions covered by the *Freedom of Information and Protection of Privacy Act* (*FIPPA*) or the *Municipal Freedom of Information and Protection of Privacy Act* (*MFIPPA*) must still complete and submit Section 1.**

This workbook and guide is for your use in completing your questionnaire and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. Faxed or mailed copies of this workbook and guide will NOT be accepted. Please submit your questionnaire online at: https://statistics.ipc.on.ca.

Note for coroners to whom Ontario Health provides personal health information that is accessible by means of the electronic health record: the requirement to submit a health privacy breach statistics report applies, with any necessary modification, to such coroners as if they were health information custodians.

***Thank you for your co-operation!***

## SECTION 1: Identification

1.1 Please clearly indicate the name of the health information custodian, name of the contact person responsible for *PHIPA*, phone/fax numbers, mailing and e-mail addresses, name of the person to contact with any questions about the content of the report.

1.2 Are you a coroner to whom the prescribed organization provides personal health information under subsection 55.9.1 (1) of *PHIPA*?

☐ Yes. (If yes, please skip the next question)
☒ No. (If no, please continue)

1.3 Please indicate the type of health information custodian that is reporting. If the health information custodian is part of an institution under *FIPPA/MFIPPA* that has more than one type of health information custodian, please submit separate reports for each type of health information custodian.

1.4

| | |
|---|---|
| X | If your **health information custodian** experienced no privacy breaches**,** PLEASE STOP HERE AND SUBMIT ONLY SECTION 1 OF THE REPORT. |
| | If your **health information custodian** experienced at least 1 privacy breach, PLEASE COMPLETE AND SUBMIT THE REST OF THE REPORT. |

### Background

Health information custodians are required to provide the Commissioner with an annual report on privacy breaches occurring during the previous calendar year.

This requirement is found in section 6.4 of Ontario Regulation 329/04 made pursuant to the *Personal Health Information Protection Act, 2004 Act,* as follows:

(1) On or before March 1 in each year starting in 2019, a health information custodian shall provide the Commissioner with a report setting out the number of times in the previous calendar year that each of the following occurred:

1. Personal health information in the custodian's custody or control was stolen.
2. Personal health information in the custodian's custody or control was lost.

3. Personal health information in the custodian's custody or control was used without authority.
4. Personal health information in the custodian's custody or control was disclosed without authority.
5. Personal health information was collected by the custodian by means of the electronic health record without authority. O. Reg. 224/17, s. 1; O. Reg. 534/20, s. 3 (1).

(2) The report shall be transmitted to the Commissioner by the electronic means and format determined by the Commissioner. O. Reg. 224/17, s. 1.

(3) A health information custodian that disclosed the information collected by means of the electronic health record without authority is not required to include this disclosure in its annual report. O. Reg. 534/20, s. 3 (2).

---

The remaining sections of the report ask for counts of privacy breaches that occurred in each of the above five categories. Do not count each incident more than once. If one incident includes more than one of the above categories, choose the one that best fits. For example, if an employee accessed personal health information without authority, and then disclosed the information, count that incident as either a use or a disclosure, but not both.

In completing the report, count a privacy breach in the year it was **discovered**, even if the breach occurred in a previous calendar year.

In this annual statistics report, you must include all thefts, losses, unauthorized uses or disclosures, or unauthorized collections by means of the electronic health record (EHR), even if you were not required to report them to the IPC under section 6.3 or section 18.3[1] of the Regulation.

Custodians will find it easier to provide the IPC with the information required at reporting time if they keep track of these statistics over the course of the preceding calendar year.

[1] Or, for coroners, clause 18.10(4)(b) of the Regulation.

## SECTION 2: Total Number of Health Information Privacy Breaches

| | | |
|---|---|---|
| 2.1 | Enter the **total** number of health information privacy breach incidents experienced during the **reporting year** (January – December). | 0 |

*Enter this number into box 2.1 of the online questionnaire.*

**PLEASE NOTE:**

**Do NOT count each incident more than once. If one incident includes more than one of the following five categories (sections 3 through 7), choose the category that it best fits. For example, if an employee accessed personal health information without authority, and then disclosed the information, count that incident as either a use or a disclosure, but not both. The sum of boxes 3.1 + 4.1 + 5.1 + 6.1 + 7.1 must equal box 2.1.**

## SECTION 3: Stolen Personal Health Information

3.1 What was the total number of privacy breach incidents where personal health information **was stolen**?

*Enter this number into box 3.1 of the online questionnaire.*

3.2 Of this total indicate the number of privacy breaches where:

*Count each incident only once – the total on line 3.2.3 must equal line 3.1.*

| | | |
|---|---|---|
| 3.2.1 | theft was by an **internal party** (such as an employee, affiliated health practitioner or electronic service provider). | |
| 3.2.2 | theft was by a **stranger** | |
| 3.2.3 | **Total** (should equal line 3.1) | |

3.3 Of the total on line 3.1 indicate the number of privacy breaches where:

*Count each incident only once – the total on line 3.3.6 must equal line 3.1.*

| | | |
|---|---|---|
| 3.3.1 | theft was the result of a ransomware attack | |
| 3.3.2 | theft was the result of another type of a cyberattack | |
| 3.3.3 | unencrypted portable electronic equipment (such as USB keys or laptops) was stolen | |
| 3.3.4 | paper records were stolen | |
| 3.3.5 | theft was a result of something else, by someone else or other items were stolen | |

| | | |
|---|---|---|
| 3.3.6 | TOTAL INCIDENTS (3.3.1 to 3.3.5 = 3.3.6)<br>Box 3.3.6 must equal Box 3.1 | |

*Enter the numbers in the table above into boxes 3.3.1 through 3.3.6 of the online questionnaire.*

3.4 Of the total on line 3.1 indicate the number of privacy breaches where:

*Count each incident only once – the total on line 3.4.6 must equal line 3.1.*

| | | |
|---|---|---|
| 3.4.1 | one individual was affected | |
| 3.4.2 | 2 to 10 individuals were affected | |
| 3.4.3 | 11 to 50 individuals were affected | |
| 3.4.4 | 51 to 100 individuals were affected | |
| 3.4.5 | over 100 individuals were affected | |
| 3.4.6 | TOTAL INCIDENTS (3.4.1 to 3.4.5 = 3.4.6)<br>Box 3.4.6 must equal Box 3.1 | |

*Enter the numbers in the table above into boxes 3.4.1 through 3.4.6 of the online questionnaire.*

## SECTION 4: Lost Personal Health Information

4.1 What was the total number of privacy breach incidents where personal health information **was lost**?

*Enter this number into box 4.1 of the online questionnaire.*

4.2 Of this total indicate the number of privacy breaches where:

*Count each incident only once – the total on line 4.2.6 must equal line 4.1.*

| | | |
|---|---|---|
| 4.2.1 | loss was the result of a ransomware attack | |
| 4.2.2 | loss was the result of another type of a cyberattack | |
| 4.2.3 | unencrypted portable electronic equipment (such as USB keys or laptops) was lost | |
| 4.2.4 | paper records were lost | |
| 4.2.5 | loss was a result of something else or other items were lost | |
| 4.2.6 | TOTAL INCIDENTS<br>4.2.1 to 4.2.4 = 4.2.5 | |

*Enter the numbers in the table above into boxes 4.2.1 through 4.2.6 of the online questionnaire.*

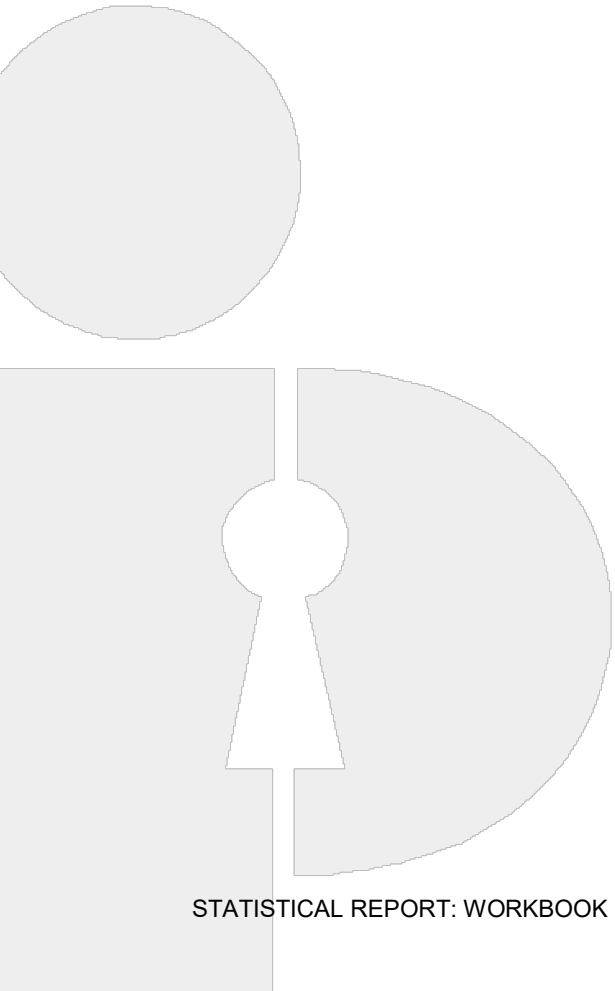
4.3 Of the total on line 4.1 indicate the number of privacy breaches where:

*Count each incident only once – the total on line 4.3.6 must equal line 4.1.*

| | | |
|---|---|---|
| 4.3.1 | one individual was affected | |
| 4.3.2 | 2 to 10 individuals were affected | |

| | | |
|---|---|---|
| 4.3.3 | 11 to 50 individuals were affected | |
| 4.3.4 | 51 to 100 individuals were affected | |
| 4.3.5 | over 100 individuals were affected | |
| 4.3.6 | TOTAL INCIDENTS (4.3.1 to 4.3.5 = 4.3.6)<br>Box 4.3.6 must equal Box 4.1 | |

*Enter the numbers in the table above into boxes 4.3.1 through 4.3.6 of the online questionnaire.*



## SECTION 5: Used Without Authority

5.1 What was the total number of privacy breach incidents where personal health information **was used (e.g. viewed, handled) without authority**?

*Enter this number into box 5.1 of the online questionnaire.*

5.2 Of this total indicate the number of privacy breaches where:

*Count each incident only once – the total on line 5.2.4 must equal line 5.1.*

| | | |
|---|---|---|
| 5.2.1 | unauthorized use was through electronic records | |
| 5.2.2 | unauthorized use was through paper records | |
| 5.2.3 | unauthorized use through other means | |
| 5.2.4 | TOTAL INCIDENTS (5.2.1 + 5.2.2 + 5.2.3 = 5.2.4)<br>Box 5.2.4 must equal Box 5.1 | |

*Enter the numbers in the table above into boxes 5.2.1 through 5.2.4 of the online questionnaire.*

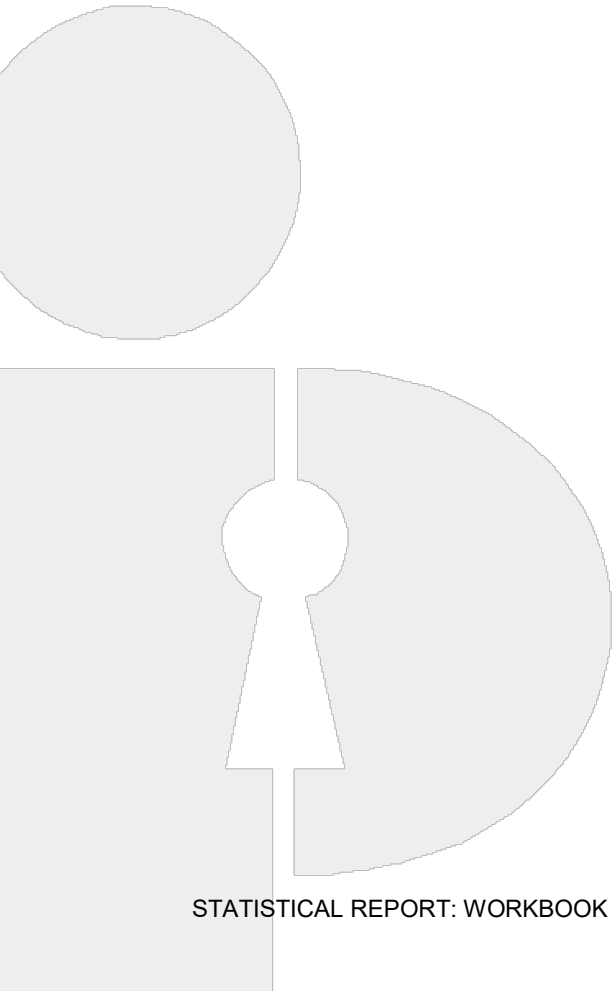
5.3 Of the total on line 5.1 indicate the number of privacy breaches where:

*Count each incident only once – the total on line 5.3.6 must equal line 5.1.*

| | | |
|---|---|---|
| 5.3.1 | one individual was affected | |
| 5.3.2 | 2 to 10 individuals were affected | |
| 5.3.3 | 11 to 50 individuals were affected | |
| 5.3.4 | 51 to 100 individuals were affected | |
| | | |

| | | |
|---|---|---|
| 5.3.5 | over 100 individuals were affected | |
| 5.3.6 | TOTAL INCIDENTS (5.3.1 to 5.3.5 = 5.3.6)<br>Box 5.3.6 must equal Box 5.1 | |

*Enter the numbers in the table above into boxes 5.3.1 through 5.3.6 of the online questionnaire.*



## SECTION 6: Disclosed Without Authority

6.1 What was the total number of privacy breach incidents where personal health information **was disclosed without authority**?

*Enter this number into box 6.1 of the online questionnaire.*

6.2 Of this total indicate the number of privacy breaches where:

*Count each incident only once – the total on line 6.2.4 must equal line 6.1.*

| | | |
|---|---|---|
| 6.2.1 | unauthorized disclosure was through misdirected faxes | |
| 6.2.2 | unauthorized disclosure was through misdirected emails | |
| 6.2.3 | unauthorized disclosure was through other means | |
| 6.2.4 | TOTAL INCIDENTS (6.2.1 + 6.2.2 + 6.2.3 = 6.2.4)<br>Box 6.2.4 must equal Box 6.1 | |

*Enter the numbers in the table above into boxes 6.2.1 through 6.2.4 of the online questionnaire.*

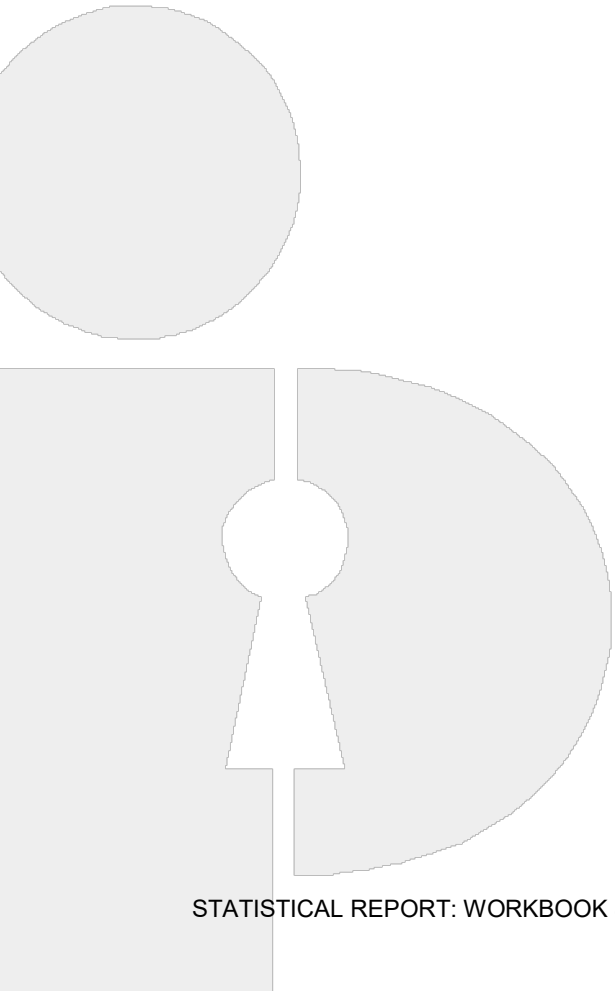
6.3 Of the total on line 6.1 indicate the number of privacy breaches where:

*Count each incident only once – the total on line 6.3.6 must equal line 6.1.*

| | | |
|---|---|---|
| 6.3.1 | one individual was affected | |
| 6.3.2 | 2 to 10 individuals were affected | |
| 6.3.3 | 11 to 50 individuals were affected | |
| 6.3.4 | 51 to 100 individuals were affected | |

| | | |
|---|---|---|
| 6.3.5 | over 100 individuals were affected | |
| 6.3.6 | TOTAL INCIDENTS (6.3.1 to 6.3.5 = 6.3.6)<br>Box 6.3.6 must equal Box 6.1 | |

*Enter the numbers in the table above into boxes 6.3.1 through 6.3.6 of the online questionnaire.*



## SECTION 7: Collected Without Authority by means of the EHR

7.1 What was the total number of privacy breach incidents where personal health information was **collected by the custodian by means of the EHR without authority**?

*Enter this number into box 7.1 of the online questionnaire.*

7.2 Of this total indicate the number of privacy breaches where:

*Count each incident only once – the total on line 7.2.6 must equal line 7.1.*

| | | |
|---|---|---|
| 7.2.1 | One individual was affected | |
| 7.2.2 | 2 to 10 individuals were affected | |
| 7.2.3 | 11 to 50 individuals were affected | |
| 7.2.4 | 51 to 100 individuals were affected | |
| 7.2.5 | Over 100 individuals were affected | |
| 7.2.6 | TOTAL INCIDENTS (7.2.1 to 7.2.5 = 7.2.6)<br>Box 7.2.6 must equal Box 7.1 | |

*Enter the numbers in the table above into boxes 7.2.1 through 7.2.6 of the online questionnaire.*

# Completing and Submitting Your Questionnaire

This workbook and guide is for your use in completing your statistical report and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your statistical report through the online questionnaire at: https://statistics.ipc.on.ca

**Health Information Custodians**

Health information custodians are required to submit an annual statistical report on health privacy breaches to the IPC using the Online Statistical Reporting System at https://statistics.ipc.on.ca. You will need a login id, with which you will set a password. Please request them via an email to statistics.ipc@ipc.on.ca and include the following:

- the name of your health information custodian
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact**)**
- your language preference (English or Français)

**Health Information Custodians Reporting as Institutions under *FIPPA*/*MFIPPA***

As a Health Information Custodian who has also been reporting as an institution under *FIPPA/MFIPPA*, you should already have a login ID for the Online Statistical Reporting System.

If you have lost or forgotten it, you may request it via an email to statistics.ipc@ipc.on.ca indicating your institution name. If you have lost your password, you can reset it on the log-in page.

You have three different options for login and password:

- a single login id and password to submit all of your reports (for *FIPPA*/*MFIPPA* report, *PHIPA* access report and your *PHIPA* privacy breach statistics report).

  Having a single login id and password is convenient if the same person will be submitting all three reports;

- one login id and password for *FIPPA*/*MFIPPA* and a second login id and password for the two *PHIPA* reports;
- separate logins and passwords for each of the three reports.

The option you choose all depends on your organizational structure. Please indicate whether you want a single login id set or two or three separate ones.

Once you have your login id and have completed this workbook, log on to the Online Statistical Reporting System at https://statistics.ipc.on.ca and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date. **The Online Statistical Reporting System will not be available after the deadline date**.

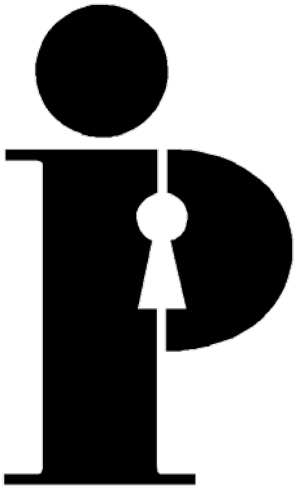
When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistical Reporting System at any time before the deadline date and make the correction as needed. You will need to re-confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had experienced no personal health information privacy breaches (a “zero report”), but then discovered that you indeed had experienced one or more such breaches, you may log on to the Online Statistical Reporting System at any time before the deadline date and simply change the questionnaire type selection on line 1.3 of Section 1. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please read our frequently asked questions, email **statistics.ipc@ipc.on.ca** or call the Information and Privacy Commissioner of Ontario’s main switchboard **416-326-3333**. If you are calling long distance, use our toll-free line: **1-800-387-0073**.

***DRAFT FOR DISCUSSION PURPOSES***

PHIPA



**Statistical Report for the**
**Information and Privacy Commissioner of Ontario**
**on**

**Personal Health Information Access Requests**

# WORKBOOK AND COMPLETION GUIDE

## Introduction

Use this workbook and guide as a "how to" tool to complete the statistical report for the Information and Privacy Commissioner of Ontario about requests made under the *Personal Health Information Protection Act, 2004* (*PHIPA*). We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with the reporting process.

For your convenience:

- this workbook and guide is laid out in the same manner as the online questionnaire (section by section)
- some sections which will appear in *italicized text* have been expanded to contain background information which may be helpful to you
- the **bold** text is defined in the glossary at the back of this guide
- the reconciliation chart is designed to help verify the figures in the questionnaire.

If there are any questions that have not been answered by this guide, there are two ways to receive additional information from the Information and Privacy Commissioner of Ontario:

- e-mail statistics.ipc@ipc.on.ca
- call our main switchboard: Local calls 416 326-3333, long distance, use our toll-free line: 1-800-387-0073

The questionnaire only includes access or correction requests made by an individual (or by the individual's substitute decision-maker) for their own personal health information. DO NOT include disclosures of personal health information to any other party, including health information custodians, even if the individual requested the disclosures. If no requests for access to personal health information or requests for correction of personal health information were received under this act, the health information custodian must still complete and submit Section 1 and 2.

This workbook and guide is for your use in completing your questionnaire and should **not** be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. Faxed or mailed copies of this workbook and guide will NOT be accepted. Please submit your questionnaire online at: https://statistics.ipc.on.ca

## SECTION 1: Identification

1.1 Please clearly indicate the name of the institution, name of the contact person responsible for *PHIPA*, phone/fax numbers, mailing and e-mail addresses, name of the person to contact with any questions about the content of the report.

1.2 Please indicate the type of municipal or provincial institution that the **health information custodian** is either an agent of or is a part of (e.g. if the health information custodian is an ambulance service and is part of a municipality, the check mark would be placed in the box for municipal corporation). If the appropriate municipal type is not listed, check "other" and specify.

1.3 Please indicate the type of health information custodian that is reporting. Submit separate reports for each type of health information custodian.

## SECTION 2: Uses or Purposes of Personal Health Information

2.1 Provide the number of uses or purposes for which personal health information was disclosed where the use or purpose is not included in the written public statement of information practices under the *Personal Health Information Protection Act* subsection 16(1).

| 0 |
|---|

*Enter this number into box 2.1 of the online questionnaire.*

| | |
|---|---|
| | If your institution or **health information custodian received or completed no formal written requests for access or correction of personal health information** from individuals (or from the individuals' substitute decision makers), PLEASE STOP HERE AND SUBMIT ONLY SECTIONS 1 AND 2 OF THE REPORT. |
| X | If your institution or **health information custodian** received or completed formal written requests for access to personal health information from an individual (or from their substitute decision maker), PLEASE CONTINUE TO SECTION 3. |
| | If your institution or **health information custodian** did not receive or complete any requests from individuals (or by the individuals' substitute decision makers) for access to their own **personal health information** but did receive (or carried forward from last year) or complete at least one request for correction of **personal health information**, PLEASE COMPLETE AND SUBMIT SECTION 9. |

# SECTION 3: Number of Requests

***How Are Requests Counted?***

*The following will assist you to determine how and when to count a* ***personal health information*** *request as being received.*

- *Any* ***personal health information*** *access request is counted as one request regardless of the number of records involved because it is about only one subject – "the person asking for the information."*

- *COUNT ONLY written requests made by individuals (or by the individuals' substitute decision makers) for their own personal health information.*

- *If you receive a request that requires clarification, DO NOT COUNT this as a request received until the requester provides you with all the information you need to complete the request.*

- *DO NOT COUNT a request to correct personal health information in this section (see section 9).*

3.1 - Enter the number of written requests made by individuals (or by the individual's substitute decision-makers) for access to their own personal health information that were received during the reporting year (January to December). 21

*Enter this number into box 3.1 of the online questionnaire.*

-

## SECTION 4: Time to Completion

**4.1–4.3** Enter the number of completed **personal health information** requests in the appropriate categories.

**PLEASE NOTE:**

*The response time to a requester may be extended to review and locate **records** and for consultation as described in subsection 54(3).*

How long did your institution take to respond to all requests for information? Enter the number of requests in the appropriate category.

| | | |
|---|---|---|
| 4.1 | 1-30 days | 21 |
| 4.2 | Over 30 days with an extension | |
| 4.3 | Over 30 days without an extension | |
| 4.4 | TOTAL REQUESTS COMPLETED (4.1 to 4.3 = 4.4) | 21 |

*Enter the numbers in the table above into boxes 4.1 through 4.4 of the online questionnaire.*

# SECTION 5: Compliance with the *PHIPA*

The *PHIPA states that requests for access to **personal health information** should be completed within 30 days. In cases where there is a need to review or search numerous **records** or to conduct consultations, a **health information custodian** can extend the 30-day time limit for no more than an additional 30 days and remain in compliance with the PHIPA. This can be achieved by issuing a **Notice of Extension** (subsection 54(4)).*

*This section has been broken down into three different sections. Sections A and B are mutually exclusive and will be used to determine the number of requests that are in compliance or not in compliance with the statutory timelines under PHIPA. Section D deals with **expedited access requests** that are already included in Sections A and B.*

## A. Notice of Extension Not Issued

| | | |
|---|---|---|
| 5.1 | Enter the number of requests completed within 30 days where no **Notice of Extension** was issued. | 21 |
| 5.2 | Enter the number of requests completed beyond the 30 days where no **Notice of Extension** was issued. | 0 |
| 5.3 | Add boxes 5.1 and 5.2 to determine the total number of completed requests where no **Notice of Extension** was issued. | 21 |

*Enter the numbers in the table above into boxes 5.1 through 5.3 of the online questionnaire.*

## B. Notice of Extension (subsection 54(4)) Issued

| | | |
|---|---|---|
| 5.4 | Enter the number of requests completed within the time limit stipulated in the **Notice of Extension**. | 0 |
| 5.5 | Enter the number of requests completed that exceeded the permitted time limit stipulated in the **Notice of Extension**. | 0 |
| 5.6 | Add boxes 5.4 and 5.5 to determine the total number of completed requests where a **Notice of Extension** was issued. | 0 |

*Enter the numbers in the table above into boxes 5.4 through 5.6 of the online questionnaire.*

## C. Total Requests Completed (sections A and B)

| | | |
|---|---|---|
| 5.7 | Enter the overall total number of requests completed for the year by adding the totals from sections A and B (boxes 5.3 + 5.6 = 5.7). This total must equal the total number of requests shown in box 4.4. | 21 |

*Enter this number into box 5.7 of the online questionnaire.*

## D. Expedited Access requests (subsection 54(5))

| | | |
|---|---|---|
| 5.8 | Enter the number of completed requests from the total reported in box 5.7 that were requests for expedited access and completed within the requested time period. | 0 |
| 5.9 | Enter the number of completed requests from the total reported in box 5.7 that were requests for expedited access and were completed in excess of the requested time period. | 0 |
| 5.10 | Add boxes 5.8 and 5.9 to determine the total number of completed requests for expedited access. | 0 |

*Enter the numbers in the table above into boxes 5.8 through 5.10 of the online questionnaire.*

# SECTION 5(a): Contributing Factors

*This section provides an opportunity for you to explain why the 30-day time line to complete requests could not be met. As well, it requests details on how to improve on the response rate in order to be compliant with the PHIPA.*

Please outline any factors that may have caused you to not meet the 30-day time limit. If you anticipate circumstances that will improve your ability to comply with the *PHIPA* in the future, please provide details in the space below.

Not applicable.

*Enter the factors above into Section 5a of the online questionnaire.*

## SECTION 6: Disposition of Requests

*This section requests information about how each **personal health information** access request was handled.*

*6.1 Enter the number of requests that resulted in full access to personal health information requested.*

*6.2 Enter the number of requests where the **health information custodian** provided partial access to the requested information because **provisions** of PHIPA were used to deny access.*

*6.3 Enter the number of requests where the **health information custodian** provided partial access to the requested information because some of the records of personal health information do not exist or cannot be found.*

*6.4 Enter the number of requests where requested information was partially accessed because parts of the **record** exist outside of the PHIPA.*

*6.5 Enter the number of requests where no information was accessed and the **provisions** of PHIPA which were used to deny access.*

*6.6 Enter the number of requests where no information was accessed, because no **record** exists or none can be found.*

*6.7 Enter the number of requests where no information was accessed because the **record** is outside of the PHIPA.*

*6.8 Enter the number of requests that were unfulfilled because they were withdrawn or abandoned by the requester.*

*6.9 Enter the number of requests from box 6.8 that were withdrawn or abandoned after a fee estimate was sent out.*

*6.10 Add the number of requests from boxes 6.1 to 6.8 to determine the disposition for the total number of requests. Do not include box 6.9 data in the total. This number should be greater than or equal to the total number of completed requests shown in box 4.4.*

*6.11 Add the number of requests in boxes 6.2 and 6.5 to determine the total number of requests where access to information was denied in whole or in part. This number should be less than or equal to box 7.12.*

What course of action was taken for each of the requests completed? Please enter the number of requests into the appropriate category.

| | | |
|---|---|---|
| 6.1 | Full access provided | 17 |
| 6.2 | Partial access provided: provisions applied to deny access | 1 |
| 6.3 | Partial access provided: no record exists or cannot be found | 0 |
| 6.4 | Partial access provided: record outside of *PHIPA* | 0 |
| 6.5 | No access provided: provisions applied to deny access | 0 |
| 6.6 | No access provided: no record exists or cannot be found | 3 |
| 6.7 | No access provided: record outside of *PHIPA* | 0 |
| 6.8 | Other completed requests, e.g. withdrawn or never proceeded with | 0 |
| 6.9 | Number of requests from box 6.8 that were not pursued following a fee estimate | 0 |
| 6.10 | TOTAL REQUESTS (EXCLUDING 6.9) (6.1 to 6.8 = 6.10)<br>Box 6.10 must be greater than or equal to Box 4.4 | 21 |
| 6.11 | TOTAL REQUESTS denied access in whole or part where a provision of PHIPA was applied (6.2 + 6.5 = 6.11)<br>Box 6.11 must be less than or equal to Box 7.12 | 1 |

*Enter the numbers in the table above into boxes 6.1 through 6.11 of the online questionnaire.*

# SECTION 7: REASONS APPLIED TO DENY ACCESS

*Box 6.11 of the previous section (Total Requests Denied Access in Whole or in Part) shows the total number of requests for which access to part or all of the requested information was denied based on **provisions** in PHIPA. In this section, you must apply one or more **provisions** to each request. The total must be greater than or equal to Box 6.11.*

For the TOTAL REQUESTS where a provision was applied to deny access in full or in part, how many times did you apply each of the following? (Please note that more than one provision may be applied to each request.)

| | | |
|---|---|---|
| 7.1 | Section 51(1)(a) – Quality of Care Information | 0 |
| 7.2 | Section 51(1)(b) – Quality Assurance Program (Regulated Health Professions Act, 1991) | 0 |
| 7.3 | Section 51(1)(c) – Raw Data from Psychological Tests | 0 |
| 7.4 | Section 51(d) – Prescribed Research or Laboratory Information | 0 |
| 7.5 | Section 52(1)(a) – Legal Privilege | 0 |
| 7.6 | Section 52(1)(b) – Other Acts or Court Order | 0 |
| 7.7 | Section 52(1)(c) – Proceedings that have not been concluded | 0 |
| 7.8 | Section 52(1)(d) – Inspection, Investigation or Similar Procedure | 0 |
| 7.9 | Section 52(1)(e) – Risk of Harm to or Identification of an Individual | 1 |
| 7.10 | Section 52(1)(f) – MFIPPA subsections 38(a) or (c) or FIPPA subsections 49 (a),(c) or (e) apply | 0 |
| 7.11 | Section 54(6) – Frivolous or Vexatious | 0 |
| 7.12 | TOTAL (7.1 to 7.11) (must be greater than or equal to Box 6.11) | 1 |

*Enter the numbers in the table above into boxes 7.1 through 7.12 of the online questionnaire.*

# SECTION 8: Fees

*This section concerns **fees** charged for access to **personal health information**.*

| | | |
|---|---|---|
| 8.1 | Number of requests for access to records of **personal health information** where **fees** were collected | 1 |

*A **health information custodian** may waive all or part of a fee being charged if the custodian feels it is fair and equitable to do so.*

| | | |
|---|---|---|
| 8.2 | Number of requests where **fees were waived** – in full | 20 |
| 8.3 | Number of requests where **fees were waived** – in part | 0 |
| 8.4 | Total number of requests where **fees were waived** (8.2 + 8.3 = 8.4) | 20 |

| | | |
|---|---|---|
| 8.5 | Total dollar amount of fees collected | $5.00 |
| 8.6 | Total dollar amount of **fees waived** | $100.00 |

*Enter the numbers in the table above into boxes 8.1 through 8.6 of the online questionnaire.*

## SECTION 9: Corrections and Statement of Disagreement

*If an individual believes that his or her record of personal health information held by a **health information custodian** is inaccurate or incomplete with respect to the purposes for which the **health information custodian** uses the information, he or she has a right to:*

- *request that the **health information custodian** correct the **personal health information**;*
- *receive a written notice from the custodian to grant or refuse the request;*
- *request a written notice of the requested correction, to the extent reasonably possible, be sent to those to whom the custodian disclosed the information, except if it will have no effect on the provision of health care or other benefits to the individual; and*
- *require the **health information custodian** to attach a **statement of disagreement** to the information if the requested correction was not made and to disclose the statement of disagreement whenever the **health information custodian** discloses the information in issue.*

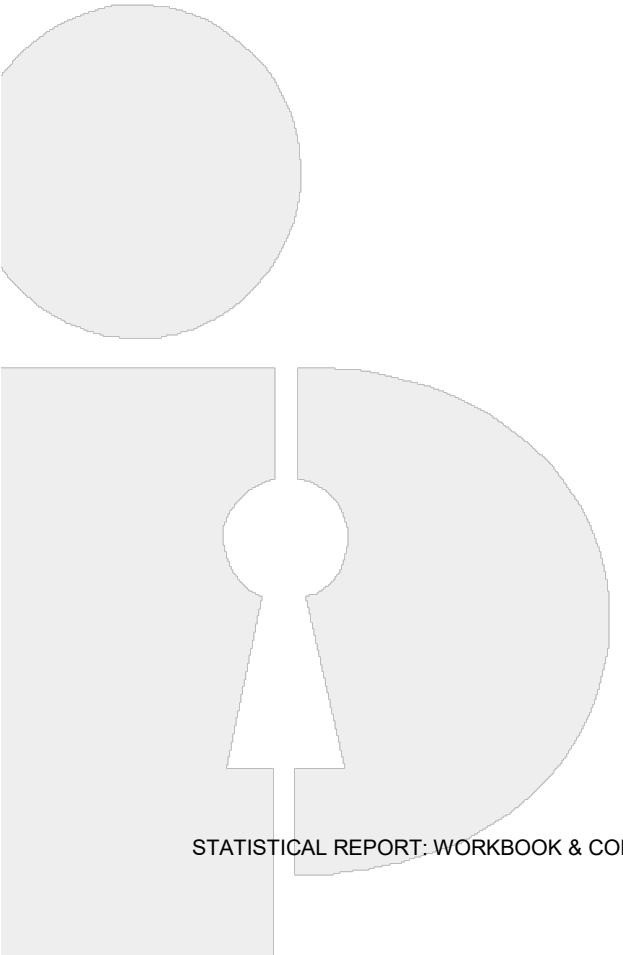
| | | |
|---|---|---|
| 9.1 | Enter the number of new correction requests received for the **reporting year**. | 0 |

What course of action was taken when the requests for correction were received?

| | | |
|---|---|---|
| 9.2 | Enter the number of corrections that were made in their entirety. | |
| 9.3 | Enter the number of corrections partially made. | |
| 9.4 | Enter the number of correction requests that were refused. | |
| 9.5 | Enter the number of correction requests that were withdrawn by the requester before completion. | |
| 9.6 | Add boxes 9.2 to 9.5 to determine the total number of correction requests made for the **reporting year**. This total should be equal to the amount shown in box 9.1. | 0 |

| | | |
|---|---|---|
| 9.7 | Enter the number of correction requests that were made in part (box 9.3) or denied in full (box 9.4) where **statements of disagreement** were attached to the **personal health information record**. | |
| 9.8 | Enter the number of notices of correction or statements of disagreements that were sent to a third party | 0 |

*Enter the numbers in the table above into boxes 9.2 through 9.8 of the online questionnaire.*



# Completing and Submitting Your Questionnaire

This workbook and guide is for your use in completing your report and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your report online using the IPC's Online Statistics Submission Website.

Your institution should have a login ID and password for the Online Statistics Submission Website. If you have lost or forgotten your ID or password, visit https://statistics.ipc.on.ca/ and click on the "Forgot your password or login ID?" link.

**New Institutions**

If your institution has recently come under the jurisdiction of the *Freedom of Information and Protection of Privacy Act* (*FIPPA*) or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, AND you are also a **Health Information Custodian** as defined in Section 3 of *PHIPA*, you are required to submit a statistical report annually to the IPC using the using the Online Statistics Submission Website for which you will need a login ID and a password. If this is your first time submitting an annual report to the IPC, visit our Registration for Statistical Reporting page to set up an account and get a login ID and a password. You will need to include:

- the name of your institution
- the name and e-mail address of the head of the institution (for *FIPPA/MFIPPA* only)
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact**)**
- your language preference (English or Français)

As a **Health Information Custodian**, you have the option of a single login id and password to submit both your *FIPPA*/*MFIPPA* report and your *PHIPA* report (which is convenient if the same person will be submitting both reports) or you may wish to have one login id and password for *FIPPA*/*MFIPPA* and another for *PHIPA* (which makes it easier if two different people will submit the reports) – it all depends on your organizational structure.

Once you have your login id and password and have completed this workbook, log on to the Online Statistics Submission Website at https://statistics.ipc.on.ca and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date **The Online Statistics Submission Website will not be available after the deadline date**.

When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistics Submission Website at any time before the deadline date and make the correction as needed. You will need to re- confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had received no requests for access to **personal health information** (a "zero report"), but then discovered that you indeed had received one or more such requests, you may log on to the Online Statistics Submission Website at any time before the deadline date and simply change the questionnaire type selection at the end of Section 2. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please email **statistics.ipc@ipc.on.ca** or call the Information and Privacy Commissioner of Ontario's main switchboard **416-326-3333**. If you are calling long distance, use our toll free line: **1-800-387-0073**.

# Glossary of Terms

**Fee(s), Waived -** A head may waive all or part of a fee if the custodian feels it is fair and equitable to do so.

**Health Information Custodian -** Any person or organization described in subsection (reporting context only) 3(1) of *PHIPA* or any group of entities that has been permitted to act as a single health information custodian pursuant to a Minister's order under subsection 3(8).

**Notice of Extension -** A health information custodian or head may extend the time to complete a request by a maximum of an additional 30 days. This is only permissible if meeting the initial 30 day timeline would interfere with the operations of the custodian (e.g. due to numerous pieces of information or information that requires a lengthy search to locate) or if consultations would require more time to complete. The notice must include:

- the length of the extension; and
- the reason for the extension.

**Personal Health Information -** Personal health information means identifying information about an individual in oral or recorded form, if the information,

- relates to the physical or mental health or provision of health care to the individual;
- is a plan of service within the meaning of the *Long-term Care Act* for the individual;
- relates to payments or eligibility for health care of the individual;
- relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part of bodily substance;
- is the individual's health number;
- identifies an individual's substitute decision-maker.

Personal health information also includes a mixed record that contains identifiable personal information that is not personal health information, but is contained in a record that contains personal health information. However, it excludes employee records held by a custodian that are not primarily used for health care.

**Provision to deny access (Exclusions, Exemptions) -** These are specific sections in *PHIPA* that provide the grounds on which the health information custodian or head may deny access to information.

**Provision to deny access (Frivolous or Vexatious or made in bad faith**) **-** A custodian may refuse to grant access or make a correction to a record if believed to be on reasonable grounds that the request was for frivolous or vexatious reasons or made in bad faith.

**Record(s) -** A record means a record of information in any form or in any medium, whether in written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record

**Reporting Year -** January to December.

**Request, Access -** Access requests occur only when access requests are made by individuals (or by the individuals' substitute decision-makers) for their own personal health information. DO NOT include disclosures for personal health information to any other party, including other health information custodians, even if the individual requested these disclosures.

**Request, Completed -** A request is considered to be complete once a decision letter has been sent to the individual in response to a personal health information access request.

**Request, Correction -** A request to have one's own personal health information corrected.

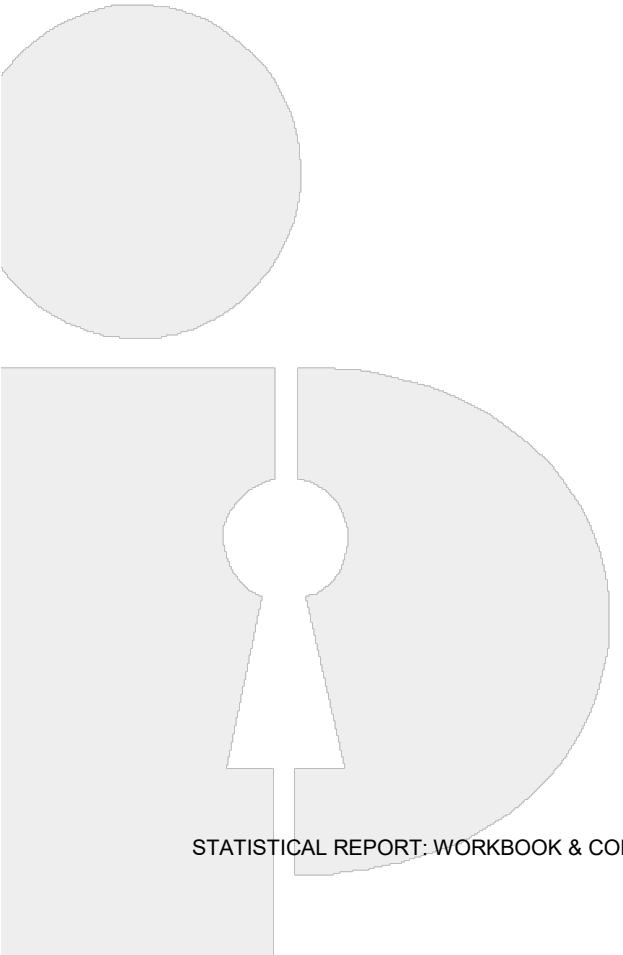
**Request, Disposition -** The end result of a completed access request (e.g. personal health information was disclosed, denied, or the request was withdrawn or never accessed)

**Request, Expedited Access -** When the individual requests that a health information custodian provide a response within a time period specified by the requester under subsection 54(5).

**Statement of Disagreement -** A precise statement of disagreement prepared by the individual that sets out the correction the health information custodian has refused to make

**Written Public Statement -** A written statement, made available to the public, that:

- provides a description of the custodian's information practices;
- describes how to contact the contact person or custodian;
- describes how an individual may access or request correction of a record of personal health information;
- describes how to make a complaint to the custodian and the IPC.



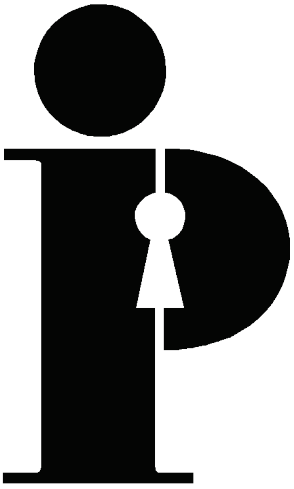
# Reconciliation Chart

The chart below should be used to help verify your figures in completing this workbook and entering your questionnaire on the Online Statistics Submission Website.

| Box Number | Criteria * | Box = Number(s) |
|---|---|---|
| 4.4 | = | 4.1 to 4.3 |
| 5.3 | = | 5.1 +5.2 |
| 5.6 | = | 5.4 + 5.5 |
| 5.7 | = | 5.3 + 5.6 |
| 5.7 | = | 4.4 |
| 5.10 | = | 5.8 + 5.9 |
| 6.10 | = | 6.1 to 6.8 |
| 6.10 | = or > | 4.4 |
| 6.11 | = | 6.2 + 6.5 |
| 6.11 | = or < | 7.12 |
| 7.12 | = | 7.1 to 7.11 |
| 8.4 | = | 8.2 + 8.3 |
| 9.6 | = | 9.2 to 9.5 |
| 9.6 | = | 9.1 |

* = equal to
> greater than
< less than

***DRAFT FOR DISCUSSION PURPOSES***



**The Year-End Statistical Report**
**for the**
**Information and Privacy Commissioner of Ontario, Canada**

# WORKBOOK AND COMPLETION GUIDE

# General Information

This workbook and guide is designed to provide step-by-step instructions for the completion of the Information and Privacy Commissioner's (IPC) Year-End Statistical Report as required by the *Municipal Freedom of Information and Protection of Privacy Act* (*MFIPPA or,* the *Act*). We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with it.

For your convenience:

- This workbook and guide is organized into sections corresponding to those in the online questionnaire. For help with a certain section in the questionnaire, turn to the same section in this workbook.
- Certain sections which appear in *italicized text* have been expanded to contain background information that may be helpful to you.
- All terms which appear in **bold** are defined in the **Glossary** at the back of this guide.
- The Reconciliation Chart is designed to help verify the figures in the questionnaire.

If you have specific questions that are not answered by this workbook and guide, please email **statistics.ipc@ipc.on.ca** or call the Information and Privacy Commissioner of Ontario's main switchboard **416-326-3333**. If you are calling long distance, use our toll free line: **1-800-387-0073**.

**Please note incomplete questionnaires** may result in your institution's submission being **partly or entirely excluded** from the statistics generated for the IPC's annual report.

All institutions must complete a questionnaire and submit it online to the Information and Privacy Commission. If no requests for access to information or requests for correction of personal information were received, your institution must still complete and submit Sections 1 and 2.

This workbook and guide is for your use in completing your questionnaire and should not be faxed or mailed to the Information and Privacy Commission in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your questionnaire online to the IPC's Online Statistics Submission Website at: https://statistics.ipc.on.ca/.

Institutions that do not submit a questionnaire before the deadline will be listed as such in the Information and Privacy Commissioner's Annual Report.

***Thank you for your co-operation!***

# Section 1: Identification

1.1 Please clearly indicate the name of the institution, the name and e-mail address of the head of the institution, the name and e-mail address of the person responsible for the content of the report (the management contact), and the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact) should any questions arise regarding the content of the report.

1.2 Please identify the type of institution you are reporting for by checking one of the boxes provided. If the type of institution you are reporting for does not appear on the list, check *other* and specify.

Here are some examples of common types of institutions:

## Corporations

The City of Kingston
The City of Oshawa
Township of Norwich
The City of Pickering
The County of Brant
The Regional Municipality of Niagara
The Town of Ingersoll
The Restructured County of Oxford
The Village of Sundridge

## Commissions

Belleville Transit Commission
London Transit Commission
Oshawa Transit Commission
Niagara Transit

## Boards

Athens Public Library Board
Durham District School Board
Wabigoon Local Services Board
Killaloe and District Public Library
Perth Police Services Board

# Section 2: Inconsistent Use of Personal Information

## What is an Inconsistent Use?

*An **inconsistent use** occurs when **personal information** from a **personal information bank** is used or disclosed differently from the way it is used on a regular basis (see S.35 of the Act). The Act requires the institution to attach a record or notice of the **inconsistent use** or disclosure to the **personal information** involved. This record then becomes part of the **personal information** it is attached to.*

2.1 Please enter the number of times your institution made **inconsistent use** of **personal information** contained in its **personal information banks**. 0

## What is Personal Information?

***Personal information** is recorded information about an identifiable individual including:*

- *the individual's address, telephone number, fingerprints or blood type;*
- *information about the individual's race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital or family status;*
- *information about the individual's educational, medical, psychological, criminal, or employment history or information concerning his or her financial transactions;*
- *any identifying number, symbol or other particular assigned to the individual;*
- *the individual's personal opinions or views except when they relate to someone else;*
- *private or confidential correspondence sent to an institution by the individual, and replies to that correspondence that would reveal the contents of the original correspondence;*
- *the views or opinions of someone else about the individual; and*
- *the individual's name when it appears with other **personal information** about that individual or when disclosure of the name would reveal other **personal information** about that individual.*

Check one:

| | |
|---|---|
| ☐ | If your institution received **no requests for access** to information **or correction** of personal information please stop here and click the SAVE AND CONTINUE button at the bottom of the page to proceed to the REVIEW QUESTIONNAIRE page where you may review your questionnaire answers before you submit your report.<br><br>You may make any necessary changes and/or corrections on this page then click the SAVE & CONTINUE button to update your questionnaire and proceed to the confirmation and submission page.<br><br>Changes and corrections may be made any time before or after submission up to the deadline date, but must be re-confirmed and re-submitted. |
| ☒ | If your institution received (or carried forward from last year) **at least one request for access** to information, please complete the rest of the report. Click the SAVE AND CONTINUE button at the bottom of the page to proceed to the next section. |
| ☐ | If your institution only received **at least one request for correction** of personal information without any requests for access to information, please complete sections 1 ,2, and 11. Click the SAVE AND CONTINUE button at the bottom of the page to proceed to the Section 11. |

# Section 3: Number of Requests Completed

**Please Note:** *There are two types of information requests, and these need to be entered separately:*

- ***personal information*** *requests, where the requester, or authorized representative, is asking for information about himself or herself.*
- ***general records*** *requests, where the requester is asking for general information or information that includes* ***personal information*** *about someone else.*

## How Are Requests Counted?

The information in this section is important to help you decide how many requests for information your institution received, since the form or letter the requester sends may actually contain a number of separate requests:

- *for* ***general records*** *requests, if the request deals entirely with one subject, it should be counted as one request. This is still the case even if the information is retrieved from different locations in your institution; or*
- *if a* ***general records*** *request deals with information about two (or more) subjects, the request should be divided into two (or more) requests; or*
- *any* ***personal information*** *request is counted as one request because it is about only one subject,* ***the person asking for the information; or***
- *if you receive a request that must be returned to the sender for clarification, do not count this as a request received until the requester returns it to you with all the information you need to* ***complete*** *the request.*

3.1 *Enter the number of new* ***personal information*** *and* ***general records*** *requests received during the* ***reporting year*** *(January – December). This includes those requests that have been received directly by your institution and those that have been transferred in from other institutions to your institution to complete, regardless of whether or not one or more of those requests is later transferred out to another institution. On the next page is a template that you may want to use to determine the number of new requests.*

| | Personal Information | General Records |
|---|---|---|
| New requests received directly from the requester during the **reporting year**. | 0 | 7 |
| Indicate the number of **personal information** and **general records** requests that were transferred to you from other institutions to be **completed** by your institution. | 0 | 0 |
| **TOTAL NEW REQUESTS** (Add the above two boxes) (reflect these totals in Box 3.1 of the statistical report) | 0 | 7 |

3.2 *Enter the total number of **personal information** and **general records** requests that have been completed between January 1 to December 31 of the reporting year.*

*To determine the total number of requests completed:*

*Add the following number of requests for personal information and general records separately:*

- *new requests received during reporting year (see section 3.1 of the statistical report) and requests that were carried forward from the previous year to the current year to complete*

*Subtract the following **personal information** and **general records** requests from the above:*

- *requests transferred out to other institutions to complete; and*
- *requests carried over to the next year to complete*

*The total sum of the above calculation will result in the total numbers of **personal information** and **general records** requests that were completed for the reporting year.*

*On the next page is a worksheet to be used as a tool to determine the total number of requests for the **reporting year**.*

| | Personal Information | General Records |
|---|---|---|
| Total new requests (copy from box 3.1). | 0 | 7 |
| Requests carried forward from previous year. (Enter the number of **personal information** and **general records** requests that your institution could not **complete** in the previous **reporting year**, January-December, and **carried forward** to be **completed** in the current reporting year.) | 0 | 0 |
| **TOTAL** (add the above two boxes) | **A** 0 | **A** 7 |
| Requests transferred out to other institutions to complete. (Enter the number of **personal information** and **general records** requests that were **transferred** to another institution because that institution had control or custody of the information, or a greater interest in the information.) | 0 | 0 |
| Requests carried over to the next year to complete. (Enter the number of **personal information** and **general records** requests your institution received that were **carried over** to the next reporting year.) | 0 | 0 |
| **TOTAL** (add the above two boxes) | **B** 0 | **B** 0 |
| **TOTAL REQUESTS COMPLETED** (subtract B from A) (reflect these totals in Box 3.2 of the statistical report) | 0 | 7 |

# Section 4: Source of Requests

4.1-4.8 Enter the number of **personal information** and **general records** requests you completed from the sources listed.

**PLEASE NOTE:**

*Use the* Individual/Public *category to capture requests made by an individual themselves and use the* Individual by Agent *category to capture requests made on behalf of individuals by a third party, such as a substitute decision-maker, lawyer, insurance adjuster, etc. If the request comes from an employee of your institution, enter the request in the* Individual/Public *category if they are requesting the information themselves or the* Individual by Agent *category if the request is being made on their behalf by a third party, such as a substitute decision-maker, lawyer, insurance adjuster, etc.*

| | | Personal Information | General Records |
|---|---|---|---|
| 4.1 | Individual/Public | | 1 |
| 4.2 | Individual by Agent | | 5 |
| 4.3 | Business | | |
| 4.4 | Academic/Researcher | | |
| 4.5 | Association/Group | | |
| 4.6 | Media | | 1 |
| 4.7 | Government (All Levels) | | |
| 4.8 | Other | | |
| 4.9 | Add all the requests you have entered for both **personal information** and **general records** and write the totals in Box 4.9. These totals should be the same as those in Box 3.2 (**Total Requests Completed**). | 0 | 7 |

*Enter the numbers in the table above into boxes 4.1 through 4.9 of the online questionnaire.*

# Section 5: Time to Completion

**5.1-5.4** Enter the number of **completed personal information** and **general records** requests in the appropriate categories. If your institution received a **transferred** request from another institution, the time to **completion** starts when the first institution received the request.

**PLEASE NOTE:**

1. *When locating and reviewing records, an institution may extend the time to provide a response to the requester under s.20(1). Time extension notices issued under s.20(1) allow you more than the standard 30 days in which to complete a request. If the request is completed (i.e. the access decision is issued) before the time extension period expires, the request is still considered to be compliant even though it took more than 30 days to complete it. This is known as* **extended compliance**. *Please refer to the glossary and Section 6 for more information.*

2. *Section 5 deals with the absolute time to completion for requests, regardless of compliance. For example, if you issued a time extension request under s.20(1) for an additional 90 days (for a total of 120 days) and completed the request in 102 days, then you should count this request in the "91 days or longer" category. It should then be entered as compliant in part B or C in Section 6 below. Refer to Section 6 for more information.*

3. *The time from when a fee estimate/interim decision letter has been issued (s.45, O.Reg 823 s.6, s.6.1 and s.7) up to the time the deposit has been paid is not included when calculating the number of days to complete a request.*

| How many requests were completed in: | | **Personal Information** | **General Records** |
|---|---|---|---|
| 5.1 | 30 days or less | | 7 |
| 5.2 | 31 – 60 days | | |
| 5.3 | 61 – 90 days | | |
| 5.4 | 91 days or longer | | |
| 5.5 | Enter the totals of the previous entries (5.1–5.4) into this box. These totals should be equal to the **Total Requests Completed** in Box 3.2. | 0 | 7 |

*Enter the numbers in the table above into boxes 5.1 through 5.5 of the online questionnaire.*

# Section 6: Compliance with the *Act*

*The* Act *states that requests for access to information should be completed within 30 days. In cases where there is a need to search numerous records or to make consultations with a person outside the institution, the head of the institution can* ***extend*** *the 30-day time limit and still be in compliance with the* Act*. This can be achieved by issuing a Notice of Extension (s.20(1) and/or Notice to Affected Person (s.21(1)).*

*This section has been broken down into four different situations that are mutually exclusive and will be used to determine the number of requests that are in compliance or not in compliance with the statutory time lines under the* Act*.*

A. ***No*** *notices issued;*

B. ***Both*** *a Notice of Extension (s.20(1)) and a Notice to Affected Person (s.21(1)) issued;*

C. ***Only*** *a Notice of Extension (s.20(1)) issued; or*

D. ***Only*** *a Notice to Affected Person (s.21(1)) issued.*

**PLEASE NOTE:**

1. *The four different situations are mutually exclusive and the number of requests completed in each situation should add up to the total number of requests completed in Section 3.2. (Add boxes 6.3 + 6.6 + 6.9 + 6.12 = box 6.13) and (box 6.13* ***must equal*** *box 3.2)*

2. *Requests that require more than the statutory 30 days to complete are considered compliant if you issue a Notice of Extension under s.20(1) and/or a Notice to Affected Person under s.21(1) AND you complete the requests within the time limit specified in the Notice(s). This is known as* **extended compliance***.*

3. *Enter the number of requests in each category as follows:*

    a. *Requests where you issued NEITHER a Notice of Extension under s.20(1) NOR a Notice to Affected Person under s.21(1) should be entered in Part A.*

    b. *Requests where you issued BOTH notices should be entered in Part B (do NOT include the requests entered in Part C and Part D).*

    c. *Requests where you issued a Notice of Extension under s.20(1) ONLY (i.e. not including those requests where a Notice to Affection Person under s.21(1) was also issued) should be entered in Part C.*

    d. *Requests where you issued a Notice to Affected Person under s.21(1) ONLY (i.e. not including those requests where a Notice of Extension under s.20(1) was also issued) should be entered in Part D.*

    *The sum of the requests entered in all four parts should equal Box 3.2*

4. *The time taken to complete each request with notice(s) issued under s.20(1) and/or s.21(1) should be entered in Section 5 in the appropriate category according to the actual time it took to complete the request, regardless of compliance. See the example for more information.*

***Example** (for simplicity, let's assume we have only general records requests):*

*Your institution completed 9 requests for access to information in the current reporting year.*

*Three (3) of those requests (requests a, b, and c) had neither a Notice of Extension under s.20(1) nor a Notice to Affected Person under s.21(1) issued. Two (requests a and c) were completed within the statutory 30 days and one (request b) was completed in 42 days.*

*On two (2) requests (requests d and e), you issued both a Notice of Extension under s.20(1) and a Notice to Affected Person under s.21(1):*

- *On request d, the Notice of Extension specifies an additional 30 days to complete the request (for a total of 60 days from the date of receipt of the request). In addition, a Notice to Affected Person under s.21(1) was issued 34 days after the request was received (s.28(3)), specifying that the head will decide whether or not to disclose the record within 30 days of the Notice to Affected Person (s.28(4)(c)). The total time allowed for the completion of this request is 64 days. This request was completed in 66 days.*

- *On request e, the Notice of Extension specifies an additional 90 days to complete the request (for a total of 120 days from the date of receipt of the request). In addition, a Notice to Affected Person under s.21(1) was issued 42 days after the request was received (s.28(3)), specifying that the head will decide whether or not to disclose the record within 30 days of the Notice to Affected Person (s.28(4)(c)). The total time allowed for the completion of this request is 120 days. This request was completed in 112 days.*

*On two more (2) requests (requests f and g), you issued only a Notice of Extension under s.20(1). You did not issue a Notice to Affected Person under s.21(1):*

- *On request f, the Notice of Extension specifies an additional 45 days to complete the request (for a total of 75 days from the date of receipt of the request) and the request was completed in 42 days.*

- *On request g, the Notice of Extension specifies an additional 30 days to complete the request (for a total of 60 days from the date of receipt of the request) and the request was completed in 63 days.*

*On two more (2) requests (requests h and i), you issued only a Notice to Affected Person under s.21(1). You did not issue a Notice of Extension under s.20(1)*

- *On request h, the Notice to Affected Person was issued 12 days after the receipt of the request (for a total of 42 days from the date of receipt of the request) and the request was completed in 42 days.*

- *On request i, the Notice to Affected Person was issued 8 days after the receipt of the request (for a total of 38 days from the date of receipt of the request) and the request was completed in 40 days.*

***How to complete Section 6 for these requests**:*

- *Requests a, b and c had neither Notice Issued, so they are entered in Part A of Section 6.*
    - *Requests a and c were completed within the statutory 30 days, so they are entered in Box 6.1. They should also be included in the count of requests entered in Box 5.1 (30 days or less) in Section 5*
    - *Request b took 42 days, so it should be entered in Box 6.2. It should also be included in the count of requests entered in Box 5.2 (31 -60 days) in Section 5.*
- *Requests c and d had both Notices issued, so they are entered in Part B of Section 6.*
    - *Request d was allowed 64 days for completion, but took 66 days to complete, therefore it should be entered in Box 6.5. It should also be included in the count of requests entered in Box 5.3 (61-90 days) in Section 5.*
    - *Request e was allowed 120 days for completion, but took 112 days to complete, therefore it should be entered in Box 6.4. It should also be included in the count of requests entered in Box 5.4 (91 days or longer) in Section 5.*
- *Requests f and g had ONLY a Notice of Extension issued under s.20(1). The Notice to Affected Person under s.21(1) was NOT issued. Therefore, requests f and g are entered in Part C of Section 6.*
    - *Request f was allowed 75 days for completion, but took 42 days to complete, therefore it should be entered in Box 6.7. It should also be included in the count of requests entered in Box 5.2 (31-60 days) in Section 5.*
    - *Request g was allowed 60 days for completion, but took 63 days to complete, therefore it should be entered in Box 6.8. It should also be included in the count of requests entered in Box 5.3 (61-90 days) in Section 5.*
- *Requests h and i had ONLY a Notice to Affected Person issued under s.21(1). The Notice of Extension under s.20(1) was NOT issued. Therefore, requests h and i are entered in Part D of Section 6.*
    - *Request h was allowed 42 days for completion and took 42 days to complete, therefore it should be entered in Box 6.10. It should also be included in the count of requests entered in Box 5.2 (31-60 days) in Section 5.*
    - *Request i was allowed 38 days for completion, but took 40 days to complete,*

*therefore it should be entered in Box 6.11. It should also be included in the count of requests entered in Box 5.2 (31-60 days) in Section 5.*

***Calculating Basic and Extended Compliance***

*Requests a, c, e, f and h are all considered compliant with the Act as each of them were completed within their specified time lines. Since requests a and c were completed within the statutory 30 day time limit, they have* **basic compliance.** *Requests e, f and h have time lines extended beyond the 30 day time limit through the issuance of the Notice of Extension under s.20(1) and/or the Notice to Affected Person under s.21(1). Since each of requests e, f and h were completed within their respective stated time limits, they have* **extended compliance.**

*The Basic Compliance rate as reported in the IPC's Annual Report is calculated for your institution by the following formula:*

$$\frac{\text{Total Requests Completed in 30 Days or Less (Box 5.1)}}{\text{Total Requests Completed (Box 3.2)}} \times 100$$

*The Extended Compliance rate as reported in the IPC's Annual Report is calculated for your institution by the following formula:*

$$\frac{\text{Box 6.1 + Box 6.4 + Box 6.7 + Box 6.10}}{\text{Total Requests Completed (Box 3.2)}} \times 100$$

*Using the above example and these formulas, the basic compliance rate is calculated as:*

*Box 5.1 / Box 3.2 x 100 = 2 / 9 x 100 = 22.2%*

*And the extended compliance rate is calculated as:*

*Box 6.1 + Box 6.4 + Box 6.7 + Box 6.10 / Box 3.2 x 100 = (2 + 1 + 1 + 1) / 9 x 100 = 55.6%*

## A. No Notices Issued

| | | Personal Information | General Records |
|---|---|---|---|
| 6.1 | Number of requests completed within the statutory time limit (30 days) where **neither** a Notice of Extension (s.20(1)) nor a Notice to Affected Person (s.21(1)) were issued. | 0 | 7 |
| 6.2 | Number of requests completed in excess of the statutory time limit (30 days) where **neither** a Notice of Extension (s.20(1)) nor a Notice to Affected Person (s.21(1)) were issued. | 0 | |
| 6.3 | **Total** (Add boxes 6.1 + 6.2 = box 6.3) | 0 | 7 |

►

| Personal Information | General Records |
|---|---|
| 0 | 7 |

## B. Both a Notice of Extension (s.20(1)) and a Notice to Affected Person (s.21(1)) Issued

| | | Personal Information | General Records |
|---|---|---|---|
| 6.4 | Number of requests completed within the time limits permitted under **both** the Notice of Extension (s.20(1)) and Notice to Affected Person (s.21(1)). | | |
| 6.5 | Number of requests completed in excess of the time limit permitted by the Notice of Extension (s.20(1)) and the time limit permitted by the Notice to Affected Person (s.21(1)). | | |
| 6.6 | **Total** (Add boxes 6.4 + 6.5 = box 6.6) | | |

►

| Personal Information | General Records |
|---|---|
| 0 | 0 |

## C. Only a Notice of Extension (s.20(1)) Issued

| | | Personal Information | General Records |
|---|---|---|---|
| 6.7 | Number of requests completed within the time limit permitted under the Notice of Extension (s.20(1)). | | |
| 6.8 | Number of requests completed in excess of the time limit permitted under the Notice of Extension (s.20(1)). | | |
| 6.9 | **Total** (Add boxes 6.7 + 6.8 = box 6.9) | | |

►

| Personal Information | General Records |
|---|---|
| 0 | 0 |

## D. Only a Notice to Affected Person (s.21(1)) Issued

| | | Personal Information | General Records | | Personal Information | General Records |
|---|---|---|---|---|---|---|
| **6.10** | Number of requests completed within the time limit permitted under the Notice to Affected Person (s.21(1)). | | | | | |
| **6.11** | Number of requests completed in excess of the time limit permitted under the Notice to Affected Person (s.21(1)). | | | | | |
| **6.12** | **Total** (Add boxes 6.10 + 6.11 = box 6.12) | | | ▶ | 0 | 0 |

## E. Total Completed Requests (sections A to D)

| | | Personal Information | General Records | | Personal Information | General Records |
|---|---|---|---|---|---|---|
| **6.13** | **Overall Total** (Add boxes (6.3 + 6.6 + 6.9 + 6.12 = box 6.13) and (box 6.13 **must equal to** box 3.2) | 0 | 7 | ▶ | 0 | 7 |

*Enter the numbers in the tables above into the corresponding boxes in Section 6 of the online questionnaire*

***Calculate your own basic compliance and extended compliance rates**:*

*These calculations are for your own information only. They are not entered as part of the online questionnaire, but the total compliance rates will be calculated based on your submitted questionnaire and included in the IPC's Annual Report.*

*Basic Compliance Rate:*

| | ***Personal Information*** | ***General Records*** | ***Total*** |
|---|---|---|---|
| *A: Total Requests Completed in 30 Days or Less (Box 5.1)* | | 7 | 7 |
| *B: Total Requests Completed (Box 3.2)* | | 7 | 7 |
| *DIVIDE: A / B x 100, round to one decimal place* | | | 100% |

*Extended Compliance Rate:*

| | ***Personal Information*** | ***General Records*** | ***Total*** |
|---|---|---|---|
| *A: Box 6.1 + Box 6.4 + Box 6.7 + Box 6.10* | | 7 | 7 |
| *B: Total Requests Completed (Box 3.2)* | | 7 | 7 |
| *DIVIDE: A / B x 100, round to one decimal place* | | | 100% |

# Section 6a: Contributing Factors

Write any reasons that made it difficult to meet the 30-day time limit. Also, include circumstances that will improve your ability to be in compliance with the *Act*.

*Enter the reasons above into Section 6a of the online questionnaire*

# Section 7: Disposition of Requests

*This section asks you to indicate how your institution dealt with each of the requests for access to information it received. The options are as follows:*

*7.1* ***All Information Disclosed -*** *Enter the number of* ***personal information*** *and* ***general records*** *requests that resulted in full disclosure of all information requested.*

*7.2* *Disclosed in Part - Enter the number of* ***personal information*** *and* ***general records*** *requests for which the* ***head*** *of your institution disclosed only part of the information requested. Include those requests where some of the information was exempted, excluded, did not exist, was outside of the Act, i.e. Y.O.A., or frivolous or vexatious.*

*7.3* *Nothing Disclosed - Enter the number of* ***personal information*** *and* ***general records*** *requests for which the* ***head*** *of your institution disclosed no information. Include those requests where all of the information was* ***exempted****, was outside of the Act, or frivolous or vexatious.*

*7.4* *No Responsive Records Exist - Enter the number of personal information and general records requests for which no responsive records exist.*

*7.5* *Request* ***Withdrawn -*** *or* ***Abandoned -*** *In this category enter the number of requests that were* ***withdrawn*** *or* ***abandoned*** *by the requester.*

- *A* ***withdrawn*** *request is one in which the requester notifies your institution that he or she does not wish to proceed with the request.*
- *A request is considered* ***abandoned*** *when the requester does not respond to your attempts to proceed with the request.*
    - *For* ***general records*** *the request can be considered* ***abandoned*** *if the requester does not respond to correspondence that is necessary to* ***complete*** *the request (for example, a notice of fee estimate), within 30 days of the date you sent the communication. The* ***head*** *of your institution may* ***extend*** *this time limit, and this practice is encouraged.*
    - *For* ***personal information*** *requests, the policy is to allow up to 365 days (one year) before considering the request* ***abandoned****.*
    - *If appropriate, consider including a "respond by" date in your correspondence when requesting a response from the requester indicating that you will consider the request abandoned if you do not hear from them on or before that date.*

## *7.6 **Total Requests Processed***

*The sum of all the entries in **personal information** and **general records** for all questions 7.1 to 7.5 should be equal to or greater than the amounts in 3.2 (**Total Requests Completed**).*

| | | Personal Information | General Records |
|---|---|---|---|
| 7.1 | All information disclosed | | 3 |
| 7.2 | Information disclosed in part | | 4 |
| 7.3 | No information disclosed | | |
| 7.4 | No responsive records exist | | |
| 7.5 | Request withdrawn, abandoned or non-jurisdictional | | |
| 7.6 | Total Requests Processed:<br><br>Add Boxes 7.1 to 7.5 = Box 7.6. Box 7.6 must be greater than or equal to Box 3.2 | | 7 |

*Enter the numbers in the table above into boxes 7.1 through 7.6 of the online questionnaire.*

# Section 8: Exemptions and Exclusions Applied

*To complete this section you will need to be familiar with the **exemptions** described in the* Act. *Please refer to the section on **exemptions** in:*

- *your copy of the* Act*, or*
- *the **Municipal Freedom of Information and Protection of Individual Privacy Manual** produced by the Ministry of Government Services:*

  *http://www.accessandprivacy.gov.on.ca/English/manual/index.html*

8.1-8.19 In this section you are asked to indicate **which exemptions** were applied to those requests where the head of your institution withheld some or all of the requested information. Every request that was exempted, (in part or in full) must have at least one **exemption** listed, but may have more than one. For example, two different **exemptions** may be used to account for why information was withheld.

8.20 *If a request made under the Act also contains personal health information as defined in s.4 of the Personal Health Information Protection Act, 2004 (PHIPA), then s.8(1) of PHIPA may be applied to that personal health information as an **exclusion*** unless *PHIPA* specifies otherwise*.*

8.21 Enter the sum of all the requests you entered in the **personal information** and **general records** columns.

**Please Note:**

- *S.14 **exemption**, Personal Privacy (of third party) applies only to **general records** requests.*
- *S.38 **exemption**, Personal Information (of requester) applies only to **personal information** requests.*
- *There is no correlation between the sum entered in Box 8.21 and the total number of requests completed as entered in Box 3.2. More than one **exemption** and/or **exclusion** may be applied to a given request and a given **exemption** and/or **exclusion** may be applied to more than one request.*

For the Total Requests with Exemptions/Exclusions/Frivolous or Vexatious Requests, how many times did your institution apply each of the following? (More than one exemption may be applied to each request.)

| | | Personal Information | General Records |
|---|---|---|---|
| **8.1** | .s — Draft Bylaws, etc. | | |
| **8.2** | s.7 — Advice or Recommendations | | |
| **8.3** | s.8 — Law Enforcement[1] | | |
| **8.4** | s.8(3) — Refusal to Confirm or Deny | | |
| **8.5** | s.8.1 — *Civil Remedies Act, 2001* | | |
| **8.6** | s.8.2 — *Prohibiting Profiting from Recounting Crimes Act, 2002* | | |
| **8.7** | s.9 — Relations with Governments | | |
| **8.8** | s.10 — Third Party Information | | |
| **8.9** | s.11 — Economic/Other Interests | | |
| **8.10** | s.12 — Solicitor-Client Privilege | | |
| **8.11** | s.13 — Danger to Safety or Health | | |
| **8.12** | s.14 — Personal Privacy (Third Party)[2] | N/A | 4 |
| **8.13** | s.14(5) — Refusal to Confirm or Deny | | |
| **8.14** | s.15 — Information Soon to be Published | | |
| **8.15** | s.20.1 — Frivolous or Vexatious | | |
| **8.16** | s.38 — Personal Information (Requester) | | N/A |
| **8.17** | s.52(2) — Act Does Not Apply[3] | | |
| **8.18** | s.52(3) — Labour Relations & Employment Related Records | | |
| **8.19** | s.53 — Other Acts | | |
| **8.20** | *PHIPA* s.8(1) applies | | |
| **8.21** | **TOTAL EXEMPTIONS** (Add boxes 8.1 to 8.20 = box 8.21) | | 4 |

*Enter the numbers in the table above into boxes 8.1 through 8.24 of the online questionnaire.*

[1] not including s.8(3)
[2] not including s.14(5)
[3] not including s.52(3)

# Section 9: Fees

*This section concerns **additional fees** and **application fees**.*

| | | Personal Information | General Records | TOTAL |
|---|---|---|---|---|
| **9.1** | Number of requests where fees other than application fees were collected | 0 | 0 | 0 |
| | | | | |
| **9.2.1** | Application fees collected | **$** | **$** 40.00 | **$** 40.00 |
| **9.2.2** | Additional fees collected | **$** | **$** 0.00 | **$** 0.00 |
| **9.2.3** | Total Fees (Add boxes 9.2.1 + 9.2.2 = box 9.2.3) | **$** | **$** 40.00 | **$** 40.00 |
| | *Under certain conditions, the **head** of your institution may **waive** all or part of the additional fees being charged. These conditions include: the requesters' ability to pay, whether release of the information will benefit public health or safety, how much difference there is between the fee being charged and the actual cost of processing the request, and whether the requester is ultimately given access to the information requested.* | | | |
| **9.3** | Total dollar amount of fees waived | **$** | **$** | **$** 0.00 |

*Enter the numbers in the table above into boxes 9.1 through 9.3 of the online questionnaire.*

# Section 10: Reasons for Additional Fee Collection

*This section concerns the reasons and the number of requests involved for the additional fee collection.*

*If your institution collected **additional** fees for any requests, please enter the appropriate number of requests in the given categories to indicate why the fee was charged. A request can be entered into more than one category. For example, an institution may have charged $10 to process a request, $5 to reproduction costs and $5 to shipping costs.*

**Please Note:**

- ***additional fees** for **personal information** requests can only be charged for reproduction and computer costs.*

| | | Personal Information | General Records | TOTAL |
|---|---|---|---|---|
| 10.1 | Search time | N/A | | |
| 10.2 | Reproduction | | | |
| 10.3 | Preparation | N/A | | |
| 10.4 | Shipping | N/A | | |
| 10.5 | Computer costs | | | |
| 10.6 | Invoice costs (and others as permitted by regulation) | N/A | | |
| 10.7 | Total (Add boxes 10.1 to 10.6 = box 10.7 and Box 10.7 greater than or equal to Box 9.1) | | | 0 |

*Enter the numbers in the table above into boxes 10.1 through 10.7 of the online questionnaire.*

# Section 11: Corrections and Statements of Disagreement

*If a person believes that an institution has **personal information** about himself/herself that is incorrect, under the* Act*, that person has the right to:*

- *request that the institution **correct** the information,*
- *require that the institution attach a statement of disagreement to the information if the requested **corrections** were not made,*
- *require that any person or organization to whom the **personal information** has been disclosed within the last 365 days be notified of the **corrections** or statement of disagreement.*

| | | **Personal Information** |
|---|---|---|
| 11.1 | Number of new correction requests received | |
| 11.2 | ADD: Correction requests carried forward from the previous year | |
| 11.3 | SUBTRACT: Correction requests carried over to the next year | |
| 11.4 | Total Correction Requests Completed<br>[(Box 11.1 + Box 11.2) – Box 11.3 = Box 11.4]<br>Box 11.4 must equal Box 11.9<br>If this number is zero, skip the rest of this section. | 0 |

*If your institution received any requests for **correction** of **personal information**, what course of action was taken with each?*

| | | **Personal Information** |
|---|---|---|
| 11.5 | Correction(s) made in whole | |
| 11.6 | Correction(s) made in part | |
| 11.7 | Correction requests refused | |
| 11.8 | Correction requests withdrawn by requester | |
| 11.9 | Total (Add Boxes 11.5 to 11.8 = Box 11.9 and Box 11.9 must equal Box 11.4) | 0 |

In cases where correction requests were denied, in part or in full, were any statements of disagreement attached to the affected personal information?

| | | |
|---|---|---|
| **11.10** | Number of statements of disagreement attached: | 0 |

If your institution received any requests to correct personal information, the *Act* requires that you send any person(s) or body who had access to that information in the previous year notification of either the correction or the statement of disagreement. Enter the number of notifications sent, if applicable.

| | | |
|---|---|---|
| **11.11** | Number of notifications sent: | 0 |

*Enter the numbers in the tables above into boxes 11.1 through 11.11 of the online questionnaire.*

# Completing and Submitting Your Questionnaire

This workbook and guide is for your use in completing your report and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your report online using the IPC's Online Statistics Submission Website.

Your institution should have a login ID and password for the Online Statistics Submission Website. If you have lost or forgotten your ID or password, visit https://statistics.ipc.on.ca/ and click on the "Forgot your password or login ID?" link.

**New Institutions**

If your institution has recently come under the jurisdiction of the *Municipal Freedom of Information and Protection of Privacy Act*, you are required to submit a statistical report annually to the IPC using the Online Statistics Submission Website for which you will need a login ID and a password. If this is your first time submitting an annual report to the IPC, visit our Registration for Statistical Reporting page to set up an account and get a login ID and a password. You will need to include:

- the name of your institution
- the name and e-mail address of the head of the institution
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact**)**
- your language preference (English or Français)
- Please indicate if your institution is also a Health Information Custodian (HIC) as defined in s.3 of the *Personal Health Information Protection Act* (*PHIPA*). Institutions under *MFIPPA* who are also HICs under *PHIPA* must submit one annual statistical report under *MFIPPA* and another report under *PHIPA*. As such, you have the option of a single login id and password to submit both reports (which is convenient if the same person will be submitting both reports) or you may wish to have one login id and password for *MFIPPA* and another for *PHIPA* (which makes it easier if two different people will submit the reports) – it all depends on your organizational structure.

Once you have your login ID and password and have completed this workbook, log on to the Online Statistics Submission Website at https://statistics.ipc.on.ca and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to

complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date. The **Online Statistics Submission Website will not be available after the deadline date**.

When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistics Submission Website at any time before the deadline date and make the correction as needed. You will need to re-confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had received no requests for access or correction (a “zero report”), but then discovered that you indeed had received one or more such requests, you may log on to the Online Statistics Submission Website at any time before the deadline date and simply change the questionnaire type selection at the end of Section 2. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please email **statistics.ipc@ipc.on.ca** or call the Information and Privacy Commissioner of Ontario’s main switchboard **416-326-3333**. If you are calling long distance, use our toll free line: **1-800-387-0073**.

# Glossary of Terms

**Compliance Rate, Basic** – This is the percentage of all requests completed within the reporting year that were completed within the statutory 30 day completion time limit

**Compliance Rate, Extended** – Sections 20(1) and 21(1) of the *Municipal Freedom of Information and Protection of Privacy Act* (the *Act*) allow for the statutory 30 day completion time limit to be extended to accommodate large and/or complex requests and/or allow affected persons to provide representations regarding the disclosure of the requested information by the issuance of a Notice of Extension (s.20(1)) and/or a Notice to Affected Person (s.21(1)). The Extended Compliance Rate is the percentage of all requests completed within the reporting year that were completed either within the statutory 30 day completion time limit (where no notice(s) were issued) or within the time limit specified in the notice. See also Notice of Extension and Notice to Affected Person, below.

**Exclusion (Exclude, Excluded)** - Something is excluded from being regulated by the *Act* because it is being regulated elsewhere by a different law.

**Exemption (Exempt, Exempted)** - An exemption is a specific provision in the Act that may be invoked by a head as justification for denying access to information, in whole or in part. Certain requests for access may be denied due to provisions of other Acts, and in these special cases, for purposes of the year-end statistical report, s.53(2) (Other Acts) is the relevant exemption.

**Exemption, Frivolous or Vexatious** - A exemption is frivolous or vexatious when the head considers the request:

- as abusing the right of access or interfering with the operation of the institution, or
- to be made in bad faith or for ulterior motives.

**Fee, Additional** - See *Municipal Freedom of Information and Protection of Privacy Act*, s.45 (1).

**Fee, Application** - See *Municipal Freedom of Information and Protection of Privacy Act*, s.17 (1)(c).

**Fee, Waived** - A head may waive all or part of a fee that was estimated for releasing general records information, taking into account factors including: the requester's ability to pay; whether release of the information will benefit public health or safety; how much difference there is between the fee being charged and the actual cost of processing the request; and whether the requester is ultimately given access to the information requested.

**Head (of institution)** - The head is the individual or body selected to be the head of the institution for the purposes of the Act by:

- the council of a municipal corporation, or by

- the members of a board, commission or other institution that is not a municipal corporation.

  The head is responsible for decisions made under the legislation on behalf of the institution and for overseeing the administration of the legislation within the institution. The head may delegate some or all of its powers and duties to an officer or officers of the institution, or another institution. In this case the head is still accountable for all decisions made and actions taken under the Act.

**Inconsistent Use - (of personal information)** - An inconsistent use occurs whenever an institution under the Municipal Freedom of Information and Protection of Privacy Act (the Act) uses or discloses personal information from its personal information banks differently from the way this information is used or disclosed on a regular basis.

**Notice of Extension** - A notice sent to a requester by the head that a time extension is needed in order to complete the request. The notice must inform the requester of:

- the length of the extension,
- the reason for the extension, and
- the fact that the requester can ask the Information and Privacy Commissioner/Ontario to review the decision to extend the time period.

The extension may be made only if numerous records must be searched or consultation with a person outside the institution is required.

**Notice to Affected Person** - A notice sent by the head to a third party to whom the information relates before releasing the information. The notice must inform the third party of:

- the head's intention to disclose information that has something to do with the third party,
- a description of what's in the record or the part of the record that relates to the third party, and
- the fact that the third party has twenty days after the notice is given to advise the head why part or the whole record should not be disclosed.

**Personal Information** - See Section 2.1 of the Guide.

**Personal Information Banks** - A personal information bank is any collection of personal information your institution retains that is:

- organized, and
- allows personal information about an identifiable individual to be retrieved by that individual's name or some other personal identifier.

  Personal information banks can be:

- about members of the public or employees of the reporting institution,
- recorded on computer disks, paper, fiche or other media.

Examples of Personal Information Banks

Death Register; Dog Owners Records; Employee Training Records; Family Counselling Client Records; General Welfare Assistance Client Files; Grievance Files; Hunting/Fishing Licence Application; Line Fence Viewing Files; Litigation Files (Legal Departments); Marriage Licence Applications; Municipal Seasonal Boaters Index; Tax Bill Records; Job Competition Files; Applications Workplace Safety Insurance Board Files

**Reporting Year** - January to December.

**Request, Abandoned** - A request that an institution has been unable to proceed with because the requester has not responded to communications necessary to process the request (for example, a notice of fee estimate). This does not include requests returned to the requester due to insufficient detail.

**Request, Carried Forward From Previous Year** (requests for access to information and correction) - A request received in, or carried over from the previous reporting year that had to be carried forward to the current year for completion.

**Request, Carried Over to Next Year** (requests for access to information and correction) - A request received in the current reporting year that had to be carried forward to the next year for completion.

**Request, Completed** (requests for access to information and correction) (Complete) - A request for which the head's decision (to grant/deny access, or to make/refuse corrections) has been communicated to the requester, or a request that has been formally withdrawn or abandoned by the requester.

**Request, Correction** - A request to have one's own personal information corrected following access to the information.

**Request, Disposition of** - The outcome of a completed request: information disclosed/denied, request abandoned/withdrawn.

**Request, General Records** - A request for access to general records information or to another person's personal information (where permission has been given).

**Request, Personal Information** - A request for access to personal information, made by the person to whom the information relates or their authorized representative.

**Request, Transferred** - A request for access to general records or personal information that has been sent from one institution to another; the second institution having custody, control or a greater interest in the information. If Institution A receives a request that is transferred (in whole) to Institution B, Institution A would count this as a "Request Transferred Out to Another

Institution", while Institution B would count it as a "Request Transferred In From Another Institution".

**Request, Withdrawn** - A request for which the head has been informed by the requester that he/she no longer wishes to continue with the request (prior to its completion).

# Reconciliation Chart

The chart below should be used to help verify your figures in completing this workbook and entering your questionnaire on the Online Statistics Submission Website.

| Box Number | Criteria * | Box Number(s) |
|---|---|---|
| 4.9 | = | 4.1 to 4.8 |
| 4.9 | = | 3.2 |
| 5.5 | = | 5.1 to 5.4 |
| 5.5 | = | 3.2 |
| 6.3 | = | 6.1+6.2 |
| 6.6 | = | 6.4+6.5 |
| 6.9 | = | 6.7+6.8 |
| 6.12 | = | 6.10+6.11 |
| 6.13 | = | 6.3+6.6+6.9+6.12 |
| 6.13 | = | 3.2 |
| 7.6 | = | 7.1 to 7.5 |
| 7.6 | = | 3.2 |
| 8.21 | = | 8.1 to 8.20 |
| 9.1 | = or < | 10.7 |
| 9.2.3 | = | 9.2.1+9.2.2 |
| 10.7 | = | 10.1 to 10.6 |
| 10.7 | = or > | 9.1 |
| 11.4 | = | (11.1+11.2)-11.3 |
| 11.4 | = | 11.9 |
| 11.9 | = | 11.5 to 11.8 |
| 11.9 | = | 11.4 |

* = equal to
> greater than
< less than

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

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 19-24**

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

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

**DATE:** 2024 March 21

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# 2024 INSURANCE POLICIES

## Recommendation

*It is recommended that the Board of Health receive Report No. 19-24 re: "2024 Insurance Policies" for information.*

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**Report Highlights**

- **General insurance** costs are forecast to increase by ~7% from $143,813 to $154,287. Currently with underwriter but will be finalized prior to March 31, 2024.
- **Cyber insurance** costs have decreased by 8% from $50,000 to $46,070.
- Combined insurance cost will be ~$200,357, compared to $193,813 spent for 2023/24.
- The ability to go to market is limited with very few providers covering the public sector.

## Background

The Middlesex-London Health Unit (MLHU) has general insurance provided through Intact Public Entities Incorporated. MLHU has partnered with Intact Public Entities for coverage since 2019. The provider 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.

Cyber insurance is provided by CFC, a company in the United Kingdom. The policy is underwritten by Lloyd's underwriters who work closely with the MLHU's broker Holman Insurance Brokers Ltd.

## Terms and Conditions

General insurance is provided through Intact Public Entities Incorporated, and the term is March 31, 2024, to March 31, 2025. Coverage is the same as the previous year.

The General Insurance Policy is attached as Appendix A. Please note that an overview of coverages and deductibles begins on page 5 and descriptions of those coverages begin on page 17.

Cyber insurance is provided by CFC and the term is March 1, 2024, to March 1, 2025. Coverage is the same as the previous year.

The Cyber insurance policy is attached as Appendix B. Coverage is provided under four (4) clauses:

1. Cyber Incident Response, on page 4.
2. Cyber Crime, on page 5.
3. System Damage and Business Interruption, on page 6.
4. Network Security and Privacy Liability, on page 7.

Continued risk identification and mitigation through enhanced policy, technology and education practices has positioned MLHU well to obtain fair insurance rates within the sector.

This report was written by the Manager, Privacy, Risk and Client Relations.

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

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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Management Practices standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
  - Organizational Excellence – we make decisions, and we do what we say we are going to do.
  - Direction 4.2 – Develop and initiate an organizational quality management system.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically recommendation of Governance.

# Policy certificate

## Insurance effected through the Coverholder:

CFC Underwriting Limited
85 Gracechurch Street
London EC3V 0AA
United Kingdom

## IDENTIFICATION OF INSURER

This insurance has been effected in accordance with the authorization granted to the Coverholder under the Binding Authority Agreement with the Unique Market Reference stated within this Policy. This Policy comprises a Certificate, the Declarations page, Wording and all other provisions and conditions attached and any endorsements issued.

## PLEASE NOTE – This notice contains important information. PLEASE READ CAREFULLY.

The liability of an insurer under this contract is several and not joint with other insurers party to this contract. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this Policy.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members. A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of any other insurer that may underwrite this contract. The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

## THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE

## NOTICE

Any notice to the Underwriters may be validly given to: Holman Insurance Brokers Ltd, 1 Valleywood Dr, Suite 100, Markham ON, L3R 5L9, Canada.

In Witness whereof this Certificate has been signed by:

Authorized Official

Please examine this document carefully. If it does not meet your needs, please contact your broker immediately. In all communications the policy number appearing overleaf should be quoted.

## DECLARATIONS

| | |
|---|---|
| POLICY NUMBER: | ESM0539890029 |
| UNIQUE MARKET REFERENCES: | B087523C9N5047 |
| THE INSURED: | Middlesex London Health Unit |
| ADDRESS: | Citi Plaza<br>110-355 Wellington St.<br>London, ON N6A 3N7<br>Canada |
| NAME OF LICENSED CANADIAN INTERMEDIARY: | Holman Insurance Brokers Ltd |
| THE UNDERWRITERS: | Underwritten by certain Lloyd's underwriters and other insurers |
| THE INCEPTION DATE: | 00:01 Local Standard Time on 01 Mar 2024 |
| THE EXPIRY DATE: | 00:01 Local Standard Time on 01 Mar 2025 |
| TOTAL PAYABLE: | CAD46,570.00 |
| Broken down as follows: | |
| Premium: | CAD46,070.00 |
| Policy Administration Fee: | CAD500.00 |
| BUSINESS OPERATIONS: | Administering health promotion and disease prevention programs to advocate for healthy public policy |
| LEGAL ACTION: | Worldwide |
| TERRITORIAL SCOPE: | Worldwide |
| REPUTATIONAL HARM PERIOD: | 12 months |
| INDEMNITY PERIOD: | 12 months |
| WAITING PERIOD: | 8 hours |
| RETROACTIVE DATE: | Unlimited |
| OPTIONAL EXTENDED REPORTING PERIOD: | 12 months for 100% of applicable annualized premium |
| APPROVED CLAIMS PANEL PROVIDERS: | CFC Response |
| CYBER INCIDENT MANAGER: | CFC Underwriting Limited |
| CYBER INCIDENT RESPONSE LINE: | In the event of an actual or suspected cyber incident please call our Cyber Incident Response Team on the toll free 24-hour hotline number: 1800-607-1355 or email cyberclaims@cfc.com |
| WORDING: | Cyber, Private Enterprise (CA) v3.1 |
| ENDORSEMENTS: | Regulatory Statement (CAN)<br>Cyber Crime Aggregate Limit of Liability Amendatory Clause<br>Service of Suit Clause<br>Ontario Commercial Liability Notice |

cfc

# DECLARATIONS

## THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN EACH AND EVERY CLAIM LIMIT

### INSURING CLAUSE 1: CYBER INCIDENT RESPONSE

#### SECTION A: INCIDENT RESPONSE COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD0 | each and every claim |

#### SECTION B: LEGAL AND REGULATORY COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

#### SECTION C: IT SECURITY AND FORENSIC COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

#### SECTION D: CRISIS COMMUNICATION COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

#### SECTION E: PRIVACY BREACH MANAGEMENT COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

#### SECTION F: THIRD PARTY PRIVACY BREACH MANAGEMENT COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

#### SECTION G: POST BREACH REMEDIATION COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD50,000 | each and every claim, subject to a maximum of 10% of all sums **we** have paid as a direct result of the **cyber event** |
| Deductible: | CAD0 | each and every claim |

## INSURING CLAUSE 2: CYBER CRIME

### SECTION A: FUNDS TRANSFER FRAUD

| | | |
|---|---|---|
| Limit of liability: | CAD500,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION B: THEFT OF FUNDS HELD IN ESCROW

| | | |
|---|---|---|
| Limit of liability: | CAD500,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION C: THEFT OF PERSONAL FUNDS

| | | |
|---|---|---|
| Limit of liability: | CAD500,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION D: EXTORTION

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION E: CORPORATE IDENTITY THEFT

| | | |
|---|---|---|
| Limit of liability: | CAD500,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION F: TELEPHONE HACKING

| | | |
|---|---|---|
| Limit of liability: | CAD500,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION G: PUSH PAYMENT FRAUD

| | | |
|---|---|---|
| Limit of liability: | CAD50,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION H: UNAUTHORIZED USE OF COMPUTER RESOURCES

| | | |
|---|---|---|
| Limit of liability: | CAD500,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

## INSURING CLAUSE 3: SYSTEM DAMAGE AND BUSINESS INTERRUPTION

### SECTION A: SYSTEM DAMAGE AND RECTIFICATION COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION B: INCOME LOSS AND EXTRA EXPENSE

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim, sub-limited to CAD1,000,000 in respect of **system failure** |
| Deductible: | CAD30,000 | each and every claim |

### SECTION C: ADDITIONAL EXTRA EXPENSE

| | | |
|---|---|---|
| Limit of liability: | CAD100,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION D: DEPENDENT BUSINESS INTERRUPTION

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim, sub-limited to CAD1,000,000 in respect of **system failure** |
| Deductible: | CAD30,000 | each and every claim |

### SECTION E: CONSEQUENTIAL REPUTATIONAL HARM

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

### SECTION F: CLAIM PREPARATION COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD25,000 | each and every claim |
| Deductible: | CAD0 | each and every claim |

### SECTION G: HARDWARE REPLACEMENT COSTS

| | | |
|---|---|---|
| Limit of liability: | CAD5,000,000 | each and every claim |
| Deductible: | CAD30,000 | each and every claim |

## THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN AGGREGATE LIMIT

### INSURING CLAUSE 4: NETWORK SECURITY & PRIVACY LIABILITY

#### SECTION A: NETWORK SECURITY LIABILITY

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | CAD30,000 | each and every claim, including **costs and expenses** |

#### SECTION B: PRIVACY LIABILITY

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | CAD30,000 | each and every claim, including **costs and expenses** |

#### SECTION C: MANAGEMENT LIABILITY

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | CAD30,000 | each and every claim, including **costs and expenses** |

#### SECTION D: REGULATORY FINES

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | CAD30,000 | each and every claim, including **costs and expenses** |

#### SECTION E: PCI FINES, PENALTIES AND ASSESSMENTS

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | CAD30,000 | each and every claim, including **costs and expenses** |

### INSURING CLAUSE 5: MEDIA LIABILITY

#### SECTION A: DEFAMATION

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | CAD30,000 | each and every claim, including **costs and expenses** |

#### SECTION B: INTELLECTUAL PROPERTY RIGHTS INFRINGEMENT

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD5,000,000 | in the aggregate, including **costs and expenses** |
| Deductible: | CAD30,000 | each and every claim, including **costs and expenses** |

### INSURING CLAUSE 6: TECHNOLOGY ERRORS AND OMISSIONS

NO COVER GIVEN

## INSURING CLAUSE 7: COURT ATTENDANCE COSTS

| | | |
|---|---|---|
| Aggregate limit of liability: | CAD100,000 | in the aggregate |
| Deductible: | CAD0 | each and every claim |

## SIGNING OF THIS POLICY BY THE LLOYD'S ATTORNEY IN FACT IN CANADA

For the added comfort and security of our policyholders this policy will also be signed by the representative of Lloyd's Underwriters in Canada, the Attorney in Fact.

The policy signed by the Attorney in Fact will replace this document as the official contract of insurance between you and us. In the interim this document is your valid policy which you should use if you need to make a claim.

CFC Underwriting will act as the sub-agent of the Attorney in Fact for the purpose of communicating the policy signed by the Attorney in Fact to you and your broker.

The policy signed by the Attorney in Fact will normally be available from two working days after you go on cover with us. To download this policy please click on the link below:

http://aif.cfc.com/download/get/eaaae43d-bdd1-48fb-b286-66dfbf112565

## INTENTION FOR AIF TO BIND CLAUSE

Whereas Lloyd's Underwriters have been granted an order to insure in Canada risks under the Insurance companies Act (Canada) and are registered in all provinces and territories in Canada to carry on insurance business under the laws of these jurisdictions or to transact insurance in these jurisdictions.

And whereas applicants for insurance coverage in respect of risks located in Canada and Canadian Cedants wish that Lloyd's insurance and reinsurance coverage be provided in a manner that requires Lloyd's Underwriters to vest assets in trust in respect of their risks pursuant to the Insurance Companies Act (Canada);

a) This contract shall be in force and shall be the governing contract pending the decision by Lloyd's Underwriters' attorney and chief agent in Canada (the "AIF") to confirm coverage in accordance with both the terms and conditions set out in this contract and applicable Canadian law;

b) The AIF shall confirm Lloyd's Underwriters' coverage by signing in Canada a policy that will contain the terms and conditions set out in this contract (the "Canadian Policy"), and by communicating from Canada the issuance of that policy to the policyholder or his broker;

c) This contract shall cease to have effect upon the communication by the AIF from Canada of the Canadian Policy to the policyholder or his broker, and the Canadian Policy will replace and supersede this contract.

LMA5180

01/11/11

## OUR REGULATORY STATUS

CFC Underwriting Limited is authorised and regulated by the United Kingdom Financial Conduct Authority (FCA). CFC Underwriting Limited's Firm Registration Number at the FCA is 312848. These details may be checked by visiting the Financial Conduct Authority website at www.fca.org.uk/register/. Alternatively the Financial Conduct Authority may be contacted on +44 (0)800 111 6768.

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations to you in respect of insurance policies that we have underwritten on behalf of insurers. This depends on the type of business and the circumstances of the claim. In respect of general insurance business the FSCS will cover 90% of the claim, without any upper limit and for compulsory classes of insurance, the FSCS will cover 100% of the claim, without any upper limit. Further information about compensation scheme arrangements is available from the FSCS.

## COMPLAINTS

The "LLOYD'S UNDERWRITERS POLICYHOLDERS COMPLAINT PROTOCOL" Section of the Policy is deleted in its entirety and replaced with the following:

We intend to provide an excellent service to you. However, we recognise that there may be occasions when you feel that this has not been achieved. If you are unhappy with any aspect of the service that you receive from us, please contact your insurance broker in the first instance, stating the nature of your complaint, the certificate and/or claim number.

Alternatively, you can contact us directly at complaints@cfc.com or please write to:
Chief Executive Officer
CFC Underwriting Limited
85 Gracechurch Street
London EC3V 0AA
United Kingdom

We will aim to acknowledge your complaint within 2 business days following receipt and will aim to respond to your complaint within 10 business days.

If after taking this action you are still unhappy with the response it may be possible in certain circumstances for you to refer the matter to Lloyd's Canada Inc. The contact details are as follows:
Complaints Officer,
Royal Bank Plaza South Tower
200 Bay Street
Suite 2930
PO Box 51
Toronto
Ontario M5J 2 J2.
Tel: 1-877-455-6937
Email: info@lloyds.ca

If you remain dissatisfied after Lloyd's Canada Inc. has considered your complaint, you may have the right to refer your complaint to the following organisations:

General Insurance OmbudService (GIO) – assists in the resolution of conflicts between insurance customers and their insurance companies. The GIO can be reached at:

Toll free number: 1-877-225-0446

Website: https://giocanada.org/

If you have a complaint specifically about Lloyd's Underwriters' complaints handling procedures you may contact the FCAC.

Financial Consumer Agency of Canada (FCAC) – provides consumers with accurate and objective information about financial products and services, and informs Canadians of their rights and responsibilities when dealing with financial institutions. FCAC also ensures compliance with the federal consumer protection laws that apply to banks and federally incorporated trust, loan and insurance companies. The FCAC does not get involved in individual disputes. The FCAC can be reached at:
427 Laurier Avenue West, 6th Floor,
Ottawa
ON K1R 1B9
Tel: 1-866-461-3222 (Services in English)
Tel: 1-866-461-2232 (Services in French)
Website: www.fcac-acfc.gc.ca

For clients based in Quebec only:

Autorité des marchés financiers (AMF)- The regulation of insurance companies in Quebe cis administered by the AMF. If you remain dissatisfied with the manner in which your complaint has been handled, or with the results of the complaints protocol, you may send your complaint to the AMF who will study your file and who may recommend mediation, if it deems this action is appropriate and if both parties agree to it. The AMF can be reached at:
Toll free: 1-877-525-0337
Québec: (418) 525-0337
Montréal: (514) 395-0311
Website: www.lautorite.qc.ca

The existence of this complaints procedure does not affect your right to commence a legal action or an alternative dispute resolution proceeding in accordance with your contractual rights.

## DATA PROTECTION NOTICE

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations. Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

The information we collect and use includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

We will process individual insured's details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our privacy notice and applicable data protection laws.

To enable us to use individual insured's details in accordance with applicable data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured this notice, on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

We are committed to using only the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please contact us directly at dataprotection@cfc.com.

For more information about how we use your personal information please see our full privacy notice, which is available online on our website at:

http://www.cfc.com/privacy

# CYBER CRIME AGGREGATE LIMIT OF LIABILITY AMENDATORY CLAUSE

ATTACHING TO POLICY NUMBER: ESM0539890029
THE INSURED: Middlesex London Health Unit
WITH EFFECT FROM: 01 Mar 2024

It is understood and agreed that the following amendments are made to the Declarations page:

1. Where the words **"THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN EACH AND EVERY CLAIM LIMIT"** appear, they are deleted in their entirety and replaced with the following:

   **"INSURING CLAUSES 1, 2 (SECTION D ONLY) AND 3 ARE SUBJECT TO AN EACH AND EVERY CLAIM LIMIT. INSURING CLAUSE 2 (OTHER THAN SECTION D ONLY) IS SUBJECT TO AN AGGREGATE LIMIT"**.

2. The following is added to **INSURING CLAUSE 2**:

   ALL SECTIONS COMBINED (OTHER THAN SECTION D ONLY)
   Aggregate limit of liability: CAD500,000 in the aggregate

3. The maximum amount **we** will pay under **INSURING CLAUSE 2** (**SECTION G** only) is stated below and not as stated in the Declarations page:
   Aggregate limit of liability: CAD50,000 in the aggregate

**SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THE POLICY**

# SERVICE OF SUIT CLAUSE

ATTACHING TO POLICY NUMBER: ESM0539890029
THE INSURED: Middlesex London Health Unit
WITH EFFECT FROM: 01 Mar 2024

In any action to enforce the obligations of the underwriting members of the Lloyd's syndicates and other subscribing insurers, they can be designated or named, in respect of the Lloyd's syndicates, as “Lloyd's Underwriters” and such designation will be binding on the members as if they had each been individually named as defendant. Service of such proceedings against Lloyd's syndicates may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters whose address for such service is 200 Bay Street, Suite 2930, P.O. Box 51, Toronto, Ontario, M5J 2J2, and service of such proceedings against other subscribing insurers may validly be made upon Norton Rose Fulbright Canada LLP whose address for such service is One Place Ville Marie, Suite 2500, Montréal, Quebec, H3B 1R1.

SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THE POLICY

# ONTARIO COMMERCIAL LIABILITY NOTICE

It is understood and agreed that the "Ontario Commercial Liability Notice" is deleted in its entirety and replaced with the following:

Notice to Insureds:

Pursuant to the

Freedom Of Information and Protection Of Privacy Act,

R.S.O. 1990, c.F.31 (as amended)

IMPORTANT

The notice below applies to insurance contracts containing non automobile legal liability coverages in provinces where statistical data relating to such contracts must be reported to the Superintendent of Insurance.

LEGAL AUTHORITY FOR COLLECTION

Insurance Act, R.S.O. 1990, c.I.8, section 101(1).

Principal purpose for which personal information is intended to be used Information collected by insurers from insureds or supplied to insurers pertaining to the attached document will be used:

- to compile aggregate statistical data to be used in monitoring trends in the insurance industry;
- to develop statistical exhibits to be used in monitoring the insurance industry;
- to respond to requests for customized statistical information on the insurance industry;
- to respond to inquiries on statistical information made to Office of the Superintendent of Insurance; and
- to use and disclose such information for purposes which are consistent with the previous clauses.

The Public Official who can answer questions about the collection is:

Manager, Statistical Services

Financial Services Regulatory Authority of Ontario

5160 Yonge Street, 17th Floor

Box 85

North York, Ontario M2N 6L9

Telephone: (416) 250-7250

Fax: (416) 590-7070

FOI (11/1999)

# 2024 Health Unit Insurance Program

## MIDDLESEX-LONDON HEALTH UNIT

Renewal Report for the Policy Term March 31, 2024 to March 31, 2025

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

phone: 1-800-265-4000
email: connectwithus@intactpublicentities.ca

Prepared by:
Aran Myers
Regional Manager

Ref 48700/mm 12 March 2024

# 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**

# 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.

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.



# 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.

For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings.

### 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)<br>*Broad Definition of Insured* | 10,000 | 15,000,000 Per Claim<br>No Aggregate |
| Malpractice Liability ( Claims Made Form)<br>Retroactive Date: January 1, 2003 | 10,000 | 15,000,000 |
| Forest Fire Expense | Nil | 1,000,000<br>1,000,000 Aggregate |
| Abuse Liability – Claims Made Form | 10,000 | 2,000,000 Per Claim<br>2,000,000 Aggregate |
| Abuse Liability Retroactive date:<br>March 31, 2023 | | |
| Errors & Omissions Liability (Claims Made Form)<br>Retroactive Date: January 1, 2003 | 10,000 | 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 | Included | 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<br>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<br>Abuse Exclusion Applies | 15,000,000 |
| Errors & Omissions Liability | 15,000,000 |
| Non-Owned Automobile | 15,000,000 |

**Total Limit of Liability ($)** 25,000,000

## Schedule of Coverage

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

### Crime

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

### Accident

| Coverage Description | ($) Deductibles | ($) Limit of Insurance |
|---|---|---|
| Board Members : Persons Insured<br>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<br>No Aggregate |

### Legal Expense (Claims Made)

| Coverage Description | ($) Deductibles | ($) Limit of Insurance |
|---|---|---|
| Legal Defence Cost | | 100,000<br>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 | 10,000 | RC | 13,541,315 |
| **Property Supplemental Coverage** (Included in the Total Sum Insured unless otherwise specified in the wording) | | | |
| Building By-laws | 10,000 | 7,000,000 | |
| Building Damage by theft | 10,000 | Included | |
| Debris Removal | 10,000 | Included | |
| Electronic Computer Systems | | | |
| Electronic Computer Hardware and Media | 10,000 | Included | |
| Electronic Computer Systems Breakdown | | Not Insured | |
| Electronic Computer Systems – Extra Expense | | Not Insured | |
| Extra Expense Period of Restoration | 10,000 | 90 Days | |
| Expediting Expense | 10,000 | Included | |
| Fire or Police Department Service Charges | 10,000 | Included | |
| First Party Pollution Clean-up | 10,000 | 1,000,000 | |
| Fungi and Spores | 10,000 | 10,000 | |
| Furs, Jewellery and Ceremonial Regalia | | | |
| Ceremonial Regalia | 10,000 | Included | |
| Furs and Jewellery | 10,000 | 25,000 | |
| Inflation Adjustment | 10,000 | Included | |
| Live Animals Birds or Fish | 10,000 | 25,000 | |
| Newly Acquired Property | 10,000 | 1,000,000 | |
| Professional Fees | 10,000 | Included | |
| Property and Unnamed Locations | 10,000 | Included | |
| Property Temporarily Removed Including while on Exhibition and during Transit | 10,000 | Included | |

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

| | | |
|---|---|---|
| Signs | 10,000 | Included |
| Vacant Property | 10,000 | 250,000 |
| Valuable Papers | 10,000 | 250,000 |
| **Additional Endorsements** | | |
| Virus and Bacteria Exclusion | Not Applicable | Included |

**($) Total Amount of Insurance** **14,786,315**

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

## Account Premium

| | | | | |
|---|---|---|---|---|
| Prior *Term* | *Total Annual Premium (Excluding Taxes Payable)* | $ 143,813 | **Total Annual Premium** (Excluding Taxes Payable) | $ 154,287 |

**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 |
|---|---|---|
| **Casualty** | | |
| General Liability | $ 47,317 | $ 50,629 |
| Medical Malpractice Liability | 52,872 | 56,572 |
| Errors and Omissions Liability | 13,436 | 14,377 |
| Directors' and Officers' Liability | 9,576 | 10,246 |
| Non-Owned Automobile Liability | 221 | 221 |
| Environmental Liability | 1,656 | 1,772 |
| Crime | 1,563 | 1,563 |
| Board Members Accident | 408 | 408 |
| Conflict of Interest | 728 | 728 |
| Legal Expense | 2,049 | 2,121 |
| **Property** | | |
| Property | 9,151 | 10,427 |
| **Excess** | | |
| Follow Form | 4,836 | 5,223 |
| **Total Annual Premium** | $ 143,813 | $ 154,287 |

(Excluding Taxes Payable)

# Changes to Your Insurance Program

For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings.

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

## General Conditions, Statutory Conditions and/or Additional Conditions Changes

- We have added or amended the General Conditions, Statutory Conditions and/or Additional Conditions to your policy. The changes include the addition of a Trade and Economic Sanctions Clause and Choice of Law and Jurisdiction Clause. Please review the **Notice of Wording and Form Changes** below for further information.
- The Property Conditions have also been amended and the new form **Property Conditions in Addition to Provincial Conditions** now applies. For full details on this change, please refer to the Notice of Working and Form Changes below.

## Liability Policy

- The **Liability Deductible** has been amended to $10,000 at renewal.
- The **Medical Malpractice Liability Deductible** has been amended to $10,000 at renewal.
- The **Errors and Omissions Deducibtle** has been amened to $10,000 at renewal.

## Property Policy

### Property Deductible

The Property Deductible has been amended to $10,000 at renewal.

### Building Bylaws and Newly Acquired Property Update

- Please be advised, we will no longer be showing “Included” for these coverages. A specific limit will now be shown.
- Newly Acquired Property will no longer be included in the Total Insured Value.

### Building By-Laws

The Building By-Laws limit has been amended to $7,000,000 at renewal.

### Newly Acquired Property

The Newly Acquired Property limit has been amended to $1,000,000 at renewal.

## Form GNGX408 – Lloyd’s Additional Conditions

- As per regulations, this new form has been amended to include a Service of Suit clause outlining the process for bringing suit against Underwriters and contains updated Lloyd's contact information. In addition, minor updates to the wording have been made however intent remains the same. Please review your wordings for full details.

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# NOTICE OF WORDINGS AND FORM CHANGES

# PLEASE READ YOUR POLICY CAREFULLY

Throughout this notice we mention both a Trade and Economic Sanctions Clause and a Choice of Law and Jurisdiction Clause.

*Trade and Economic Sanctions Clause* - The purpose of the Trade and Economic Sanctions clause is to prevent coverage under a policy which could expose an Insurer to a breach of economic trade or sanctions.

*Choice of Law and Jurisdiction Clause* - This has been added to the Statutory and Additional Conditions Forms which states that the policy is governed by the laws of Canada and any suit or action against the Insurer must be brought in competent jurisdiction in Canada.

These clauses have either been built into the GNGX3569 General Conditions and Statutory Conditions of Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland form, the GNGX3755 General Conditions and Statutory Conditions British Columbia, Alberta, Manitoba, Northwest Territories, Nunavut, Saskatchewan and Yukon form **or** the base wording.

**If you have the coverages below on your policy, changes are as follows:**

**Liability, Errors and Omissions, Malpractice, Environmental**

We have added standard Statutory and Additional Conditions to your policy. With these changes, if there are conflicting conditions within the wording we have added a clause that states:

> *It is agreed that if there is any conflict between these conditions and conditions or terms shown elsewhere in the policy, any conflict will be resolved in favour of the Named Insured. If there are parts of a condition that is found to be invalid or against statute, it will not be enforced but the remainder of the condition (that isn't in conflict with statute) will remain in effect.*

To accommodate the new General and Statutory Conditions, new cancellation clauses have been implemented. There is no change in intent to these cancellation clauses, they provide 15 days' notice of cancellation by the Insurer in the event of non-payment and the same number of days you previously had on your policy for cancellation due to any other reason by the Insurer. The Insured may cancel at any time.

**Conflict of Interest, Crime and Accident**

A Trade and Economic Sanctions Clause and Choice of Law and Jurisdiction Clause have been included in the base wording for Conflict of Interest and Crime. These clauses have been added to the Accident Statutory Conditions attaching to your policy.

**Excess Liability and Equipment Breakdown**

A Trade and Economic Sanctions Clause and a Choice of Law and Jurisdiction Clause have been added to the General Conditions and Statutory Conditions that form part of your policy.

**Property**

A separate notice has been attached to your property policy, explaining the wordings updated this term.

**Lloyds Additional Conditions Wording**

Wherever Lloyds is a subscriber on your policy, a Lloyds Additional Conditions wording is shown. The Sanctions clause previously shown in your wording has been removed and the Trade and Economic Sanctions Clause as shown above will now apply.

**ADDITIONAL QUESTIONS**

If you wish to review your policy coverage with an insurance professional or if you have any other questions, please contact your insurance broker – your best source for information and advice.

**Intact Public Entities**
**278 Pinebush Road, Suite 200, Cambridge, Ontario, N1T 1Z6**
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# NOTICE OF WORDINGS AND FORM CHANGES

# PLEASE READ YOUR POLICY CAREFULLY

**Property**

We will be adding two (2) new wordings to your policy. These wordings are form(s):

- GNGX3569 General Conditions and Statutory Conditions of Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland form; and
- GNGX3755 General Conditions and Statutory Conditions British Columbia, Alberta, Manitoba, Northwest Territories, Nunavut, Saskatchewan and Yukon form

These are prescribed and standardized conditions that the Provincial Insurance Acts require to be included in your policy, plus Additional Conditions applicable to property.

With these changes, we have updated form PWGX663 that was previously shown on your policy. This form is now entitled Property Conditions in Addition to Provincial Conditions. This form contains conditions that may not be included within the new wordings (GNGX3569 or GNGX3755).

The following conditions remain in the Property Conditions in Addition to Provincial Conditions (form PWGX663) wording this term.

- Liberalization clause
  - If regulation is revised by statute during the policy period, coverage will be automatically broadened accordingly.
- Mortgage Clause
  - This is an insurance provision that covers the mortgage lender when a loss occurs to mortgaged property.
- No Benefit to Bailee
  - Warranty that this insurance will not cover damage to your property when it's in the possession of a third party.
- Pair and Set
  - Provision stating that if there is loss or damage to one item that belongs to a pair or set, the policy only covers the one item of the pair or set, not both.
- Parts
  - If an item (when complete for use) consists of several parts, the Insurer is not liable for more than the insured value of the part lost or damaged, including the cost of installation.
- Permissions
  - This clause has several sections including, giving the insured permission to:
    - purchase other insurance concurrent with this insurance;
    - make additions, alterations or repairs;
    - keep materials and supplies on hand that are usual to the Insured's business; and
    - to preserve property (removed it from premises it's normally stored at) for 30 days (or until the end of the policy period, whichever is less) to prevent further loss or damage.
- Sprinkler Maintenance
  - The Named Insured has a duty to inform the Insurer of any interruption to (flaw or defect) in the sprinkler equipment of a location.

For a general list and description of clauses as shown under the:

- GNGX3569 General Conditions and Statutory Conditions of Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland; or
- GNGX3755 General Conditions and Statutory Conditions British Columbia, Alberta, Manitoba, Northwest Territories, Nunavut, Saskatchewan and Yukon.

refer to Notice of New Property Form (and the applicable form number, either GNGX3569 or GNGX3755)

**ADDITIONAL QUESTIONS**

If you wish to review your policy coverage with an insurance professional or if you have any other questions, please contact your insurance broker – your best source for information and advice.

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# NOTICE OF NEW PROPERTY FORM

## PLEASE READ YOUR POLICY CAREFULLY

### GNGX3569 General Conditions and Statutory Conditions
### Ontario, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland

| Section I – Property Coverage Statutory Conditions | General Descriptions of the Provisions in this Form |
|---|---|
| **Note:** Unless indicated as 'New' a similar clause was included last term. | |
| **Misrepresentation** | Misrepresentation allows the Insurer to void the insurance contract. |
| **Property of Others** | The insurance contract is between the Insured and Insurer, and no other person unless specifically stated on the policy. |
| **Change of Interest** | The Insurer's obligation if an Insured claims bankruptcy, insolvency or change of title by succession, by operation of law, or in event of the death of an Insured. |
| **Material Change** | Any information about the insured risk must be reported immediately to the Insurer. If the Insurer determines that this information would change their underwriting decision, the Insurer can cancel, decline coverage or charge a higher rate. |
| **Termination** | Sets out the rules for ending the insurance agreement by cancellation, or communication by the Insured and/or Insurer. |
| **Requirements After Loss** | Sets out obligations of the Insured when there is loss or damage to the insured property covered by the policy. |
| **Fraud** | Where an Insured willfully makes a false statement in support of a claim, the Insurer has the right to refuse the claim that relates to the false statement. |
| **Who may give notice and proof** | Provision as to when there is a loss, who is allowed to notify the Insurer and provide the proof of loss. |
| **Salvage** | Sets out the obligations of the Insured and what they must do to prevent further damage to property when a loss happens. |
| **Entry, Control, Abandonment** | After a loss the Insurer has right of access to the property so they can examine the property, and to estimate the loss or damage. After the Insured has secured the property, the Insurer continues to have a right to access property. The Insurer is not entitled possession of the insured property. The Insured cannot abandon the property to the Insurer without the Insurer's consent. |
| **Appraisal** | Provision that outlines when an independent appraisal is allowed if there is a dispute over the value of the property. |
| **When Loss Payable** | A provision that states that loss is payable within a specific time period after the proof of loss is completed. |
| **Replacement** | This provision states the Insurer's rights and obligations when they opt to repair or replace damaged property. |
| **Action** | Provides the time period in which action against an Insurer can be started or the action will be barred. |
| **Notice** | Sets out the legal rules for notification to the Insurer and Insured. |

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| Additional Conditions (Property Coverage) | General Descriptions of the Provisions in this Form |
|---|---|
| **Notice to Authorities** | When a loss occurs due to malicious mischief, burglary, robbery, theft, or attempted theft the Insured must give notice to the proper authorities. |
| **Sue and Labour** | States the Insured must take all reasonable steps to recover lost property and the obligations of the Insurer in these circumstances. |
| **Basis of Settlement** - New | States the Insurer is only liable for the actual cash value at the time of the loss (unless otherwise indicated). This clause also states how actual cash value is determined.<br>This is also included in the Property Insurance base wording. |
| **Subrogation** | Subrogation is the assignment to an insurer by terms of the policy or by law, after payment of a loss, of the rights of the insured to recover the amount of the loss from one legally liable for it. |
| **Examination under Oath** -New | This allows an Insurer to cross-examine the proofs of loss to avoid potential fraud. |
| **Canadian Currency Clause** | Clarifies that all limits of insurance, premiums and other amounts in the Policy are in Canadian currency. |
| **Contribution** | If there is more than one policy in force, this indicates how the loss will be settled by each Insurer. Typically referred to as 'Other Insurance Clause'. |
| **Verification of Values** | The Insurer is permitted during the policy period, or within a specified time period after termination or expiration, to inspect the insured property and to examine the Insured's books, records and such policies as relate to any insured property. |
| **Breach of Condition** | This clause outlines the consequences when there is a breach of a condition after a loss. |
| **Reinstatement** | Indicates how policy limits will react after a loss. |
| **Loss Payable: Condominium Corporation** -New | Indicates how loss will be payable when loss is to a condominium corporation. |
| **Property of Others: Condominiums** - New | Indicates how losses will be paid when the loss is to a condominium corporation and a condominium unit owner. |
| | |
| **APPLICABLE TO ALL COVERAGES** | **General Descriptions of the Provisions in this Form** |
| **Trade and Economic Sanctions** - New | Its purpose is to prevent coverage under a policy which could expose an Insurer to a breach of economic trade or sanctions. |

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# 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 mislead 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.)

## 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.

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

# 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

| | |
|---|---|
| **Abuse** | Clarification of coverage intent has been enhanced with a clear definition of abuse, including specific definitions for sexual and physical abuse. |
| **Claims Expanded** | Arbitration, mediation or alternative dispute resolution proceedings. |
| **Compensatory Damages** | Damages for economic loss (excluding punitive or exemplary damages). |
| **Malpractice** | 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. |
| **Worldwide** | Insured must reside in Canada and suits determined on merit by Canadian courts. |
| **Insured Persons** | Trustees, Board Members, Directors, Executive Officers created by the Named Insured's charter, constitution, bylaws or other similar governing document, Employees and Volunteers. |

# Municipal & Public Administration Errors and Omissions Liability Coverage Highlights

## Municipal & Public Administration Errors and Omissions Insurance

Municipal & Public Administration Errors and Omissions Insurance (E&O) Coverage protects risks from civil litigation caused by allegations of professional negligence or failure to perform professional duties. Errors and Omissions focuses on providing coverage when there is financial loss to a third party (rather than bodily injury or property damage as general liability does).

## Features

| | |
|---|---|
| **Limits** | Typically limits follow that of our Liability. We have the availability to offer up to $50,000,000. |
| **Defence Costs** | Over and above the Limit of Insurance. Whether a potential claim is baseless, or not, mounting legal expense can have serious monetary consequences for an Insured. |
| **No Annual Aggregate** | With higher out of court settlements and increased damage awards, large or even a series of small claims can quickly erode an annual aggregate limit. |
| **Claims Made Policy** | Pays for claims occurring and reported during the policy period. Our policy provides retroactive coverage (no date need be specified) and stipulates that a claim is first known only when written notice is first received. |
| **Claims Definition** | The definition of claim also includes arbitration, mediation or alternative dispute resolution proceedings. |
| **Insured Definition** | Includes Councilors, Statutory Officers, Council Committees, Firefighters, Employees and Volunteers. |

## Coverage Is Provided For Unique Exposures

| | |
|---|---|
| **Insurance** | No exclusion for failure to procure or maintain adequate insurance bonds or coverage (e.g. construction projects). |
| **Benefit Plans** | Errors or Omissions in administering Employee Benefit Plans are covered. |
| **Misrepresentations** | Municipal governments are required to provide information with respect to local matters and must ensure the information which is provided is accurate, true and not misleading. Our definition of a Wrongful Act covers misstatements or misleading statements |
| **Other Specialists and Services** | Covers errors or omissions when they are rendered in connection with operations that are typical of public sector such as those of building inspections, zoning, planning, developing or regulating by-laws. Officials and employees acting in good faith are often times the subject of lawsuits. |

# Commercial Follow Form Excess Liability Coverage Highlights

## Overview

Excess liability coverage provides an additional limit of insurance coverage over and above the limits of insurance afforded under the applicable underlying insurance. An excess policy offers you additional insurance protection over and above the limits of your underlying policy. Example if your underlying policy has an occurrence limit, an excess policy can provide additional protection in event of a catastrophic loss. It can provide added protection if an aggregate limit on an underlying policy has been exhausted.

The follow form excess policy typically “follows” the insuring agreements, exclusions, and conditions of the underlying policy. This means that we not only provide additional limits of liability over the primary liability policy, but such coverage matches the underlying policy (except in instances where an endorsement has been attached amending coverage).

We offer a layered structure when writing excess coverage. We provide **primary** insurance policies to a maximum limit of $15,000,000 on the casualty policies (Liability, E&O, Miscellaneous Professional Including Bodily Injury or Claims Made Malpractice coverage (depending on your policy), Non Owned Automobile and Owned Automobile including garage coverage).

We have the ability to provide excess coverage over all classes of business where the primary policy is written by Intact Public Entities. We also have the capacity to provide you with exceptionally high excess limits to meet your needs.

## Coverage Specifics

- Coverage will attach in the event of exhaustion of underlying insurance (unless specifically shown in your policy documents).
- This coverage is subject to the same terms, definitions, conditions, exclusions and limitations of the applicable underlying insurance (except as otherwise stated in your policy). This feature provides the flexibility to provide excess limits over a number of different types of policies.
- Our Declaration Pages/Schedules of Coverage clearly identify underlying coverages that the excess coverage is written over.
- Underlying insurance is required to be maintained in full force and effect for excess coverage to apply.
- Prior and Pending Litigation is expressly excluded from coverage.
- Incident is a defined term and means an occurrence, accident, offence, act, or other event, to which the underlying insurance applies.
- S.P.F. 7, Standard Excess Automobile policy or the appliable form applies for any automobile coverage
- Where an aggregate limit is stated in the Declarations pages, it will apply separately to each consecutive annual period and to any remaining period of less than twelve (12) months.
- Coverage can be tailored to your individual circumstances by way of endorsements

# 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.

# 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.

# 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.

# 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.

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

†Maximum $1,000 per accident. ‡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 | **Dislocation** | |
| 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.

# 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).

# 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.).

# 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.
- 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 up to five years in age. For years 6 to 15 coverage will be amended to scheduled, Replacement Cost value. Any Contractors Equipment over 15 years will be amended 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

# 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.

# 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 mislead 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.

# 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 mislead 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.

# 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.

# 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.**

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 20-24**

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

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

**DATE:** 2024 March 21

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# MLHU CITI PLAZA DENTAL OPERATORY ADDITION

## Recommendation

*It is recommended that the Board of Health receive Report No. 20-24 re: "MLHU Citi Plaza Dental Operatory Addition" for information.*

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**Report Highlights**

- To respond to funding received by the provincial government to expand the capacity for MLHU to see patients who have Ontario Seniors Dental Care Program (OSDCP) coverage, the Middlesex-London Health Unit is expanding the Citi Plaza Dental Clinic by two additional operatories.
- Two Request for Proposals were issued to retrofit the two current operatories, design and build two additional operatories, in addition to the procurement of all necessary dental supplies. The highest scoring proposal for each RFP was provided by CCS Engineering & Construction Inc and Sinclair Dental, respectively.
- The retrofit, design, build, and procurement of dental supplies for the Citi Plaza Dental Operatory Project is expected to cost approximately $323,485.03.

## Background

Currently there are 518 people with Ontario Seniors Dental Care Plan (OSDCP) coverage on a waiting list for a new patient exam in London. To address the current OSDCP waiting list the Middlesex-London Health Unit (MLHU) was issued capital funding in the amount of $140,500 from the Ministry of Health. A subsequent request for increased capital funding has received verbal approval for a total revised project budget of $348,170. In October 2023, an interdisciplinary project team was created with membership from the Strategy, Planning & Performance team, the Operations & Procurement Team, and the Oral Health & Clinical Support Services Team to utilize the capital funding and retrofit the two current operatories, in addition to designing and building two additional dental operatories at the Citi Plaza Dental Clinic.

**Request for Proposal**

The project team issued two separate Requests for Proposal (RFP), one for the construction (RFP 23-05), and one for the procurement and installation of all dental equipment, furniture, and supplies (RFP 23-06). The two RFPs were issued at the same time to ensure that combined costs did not exceed the allotted $348,170 budget. Additional operating funds have been requested from the Ministry of Health for the ongoing purchase of dental supplies required for operation of the clinic, as well as for appropriate staffing of the clinic.

At the time of RFP closure, three bids for RFP 23-05 and two bids for RFP 23-06 had been received. Bids were solicited through the e-procurement solution, Biddingo. These bids were assessed by an evaluation committee of four team members. Evaluation criteria to assess the bids were based on 1) reasonableness of cost, 2) experience/evidence of ability, 3) build schedule timing, 4) personnel and qualifications, and 5) value-added and/or anticipated challenges.

The evaluation committee met on January 9, 2024, to review evaluation results, and recommended CCS Engineering & Construction Inc. as the preferred vendor for RFP 23-05 and Sinclair Dental as the preferred vendor for RFP 23-06. Each has been recommended given that they scored the highest and met the budgetary costing requirements. Based on this proposal, the retrofit, design, build, and procurement of dental supplies for the Citi Plaza Dental Operatory Project is expected to cost approximately $323,485.03.

**Next Steps**

The Project Team, with support and guidance from the Project Sponsor (the CEO), will continue to address critical issues and major risks that arise through ongoing internal and external communication and establishment of risk mitigation strategies as required. The current risks and mitigation strategies are outlined below:

| Risk Description | Mitigation |
|---|---|
| Capital funding is expected to be utilized by March 31, 2024 | Ensuring initiation of construction occurs prior to March 31 to enable continued use of funding; plan to use operating funds if necessary |
| Unexpected external factors which arise that cause the Project to go over **timeline** | Closely monitor timelines relative to Project Charter; communicate consistently with Vendors |
| Unexpected additional costs that cause the Project to go over **budget** | Ensure there is a healthy contingency budget, conduct accurate forecasting to make informed decisions as they relate to spending; work with Finance to closely monitor ongoing spending relative to budget |

This report was written by the Citi Plaza Dental Operatory Build Project Team (Strategy, Planning, and Performance; Oral Health & Clinical Support Services; and Operations and Procurement).

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

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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Chronic Disease Prevention and Well-Being standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 21-24**

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

**FROM:** Dr. Alexander Summers, Medical Officer of Health

**DATE:** 2024 March 21

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# MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR JANUARY AND FEBRUARY

## Recommendation

*It is recommended that the Board of Health receive Report No. 21-24 re: "Medical Officer of Health Activity Report for January and February" for information.*

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The following report highlights activities of the Medical Officer of Health for the period of January 5 – March 7, 2024.

The Medical Officer of Health provides oversight of all public health programs at the Middlesex-London Health Unit and co-chairs the Senior Leadership Team. The Medical Officer of Health participates in a wide range of external and internal meetings, along with liaising with community partners and municipal and provincial stakeholders.

The Medical Officer of Health, along with other team members, continues to host a weekly Middlesex-London Health Unit (MLHU) Staff Town Hall.

The Medical Officer of Health also participated in the following meetings:

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

**January 5** Interview with Mike Stubbs, Global News 980 CFPL, regarding the increase in invasive group A streptococcal disease (iGAS) cases in Canada and the situation locally.

**January 8** Interview with Reta Ismail, CTV London, regarding the respiratory season following the December holidays.

Attended a planning meeting regarding participating on a panel for a Canadian Club of London event at Huron College.

**January 10** Met with a medical student to discuss the Public Health Preventive Medicine Program.

**January 12** Attended the Council of Medical Officers of Health (COMOH) Executive meeting.

**January 15** Attended a Middlesex-London Ontario Health Team Coordinating Council sub-committee meeting regarding an accelerated budget.

Participated in the monthly Southwest Medical Officer of Health/Associate Medical Officer of Health meeting.

**January 16** Participated in a meeting with representatives from Public Health Ontario to discuss the response to a measles case which was reported over the December office closure.

Interview with Gaury Nair, Fanshawe College journalism program, regarding the public health implications of extreme cold.

Interview with Travis Dolynny, CBC London, regarding the increase in invasive group A streptococcal disease (iGAS) cases in Canada and the situation locally.

**January 18** Participated in a call with Dr. Mehdi Aloosh, Medical Officer of Health, Windsor-Essex County Health Unit.

**January 22** Interview with Kimberly Milhomens, regarding National Non-Smoking Week.

**January 24** Participated as part of a panel for an event of the Canadian Club of London at Huron College with the topic Healthcare in our Region.

**January 25** Attended the annual State of the City address.

Attended the Middlesex-London Ontario Health Team Coordinating Council meeting.

**January 26** Interview with Brian Williams, London Free Press, regarding food insecurities in the region.

**January 29** Attended the quarterly meeting with the Ontario Nurses Association (ONA).

**January 31** Met with Scott Courtice, Executive Director of the London Inter-Community Health Centre.

Attended the Anti-Black Racism Plan Advisory Committee meeting.

**February 1** Attended quarterly meeting with the Canadian Union of Public Employees (CUPE).

**February 2** Met with a medical student to discuss residency in public health.

**February 5** Met with Amardeep Thind, Director, Interfaculty Program in Public Health with Western University.

Participated in a research interview regarding Quadruple Aim, facilitated by Dr. Andrew Pinto, AIHR Applied Public Health Chair in Upstream Prevention.

**February 6** Participated in a meeting of the COMOH Ontario Health Teams working group.

**February 7** With Glen Pearson, Co-Director of the London Food Bank, recorded a segment for the Food Bites programming on local Rogers Television.

Attended a Strategy and Accountability Table meeting as part of the Healthy and Homelessness Whole of Community Response.

Attended the Empowering Black Youth in Southwestern Ontario Advisory Committee meeting.

**February 8** Presented at a “brown bag lunch” event at Western University regarding public speaking.

**February 9** Attended the annual Youth Opportunities Unlimited Breakfast fundraiser.

Attended the Council of Medical Officers of Health (COMOH) Executive meeting.

Interview with Kate Dubinski, CBC News, regarding local measles and measles vaccination rates.

**February 12** Interview with Travis Dolynny, CBC News, regarding local measles and measles vaccination rates.

**February 14** Participated in a call with Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, Pine Ridge District Health Unit.

**February 15** Attended the alPHa Board meeting.

**February 26** Participated in the monthly Southwest Medical Officer of Health/Associate Medical Officer of Health meeting.

**February 27** Participated in a tour of CarePoint’s facility with a focus on its drug testing equipment and processes.

Participated in a call with Dr. Natalie Bocking, Medical Officer of Health, Haliburton, Kawartha, Pine Ridge District Health Unit.

Participated in an introductory call with a Master of Public Health practicum student.

Participated in a call with Dr. Shanker Nesathurai, Medical Officer of Health, Chatham-Kent Public Health.

**February 28** Participated in a call with Dr. Ninh Tran, Medical Officer of Health, Southwestern Public Health.

**March 1** Presented at a Topic of the Week event with the University of Toronto Public Health and Preventive Medicine Residency Program.

**March 5** Hosted London Police Chief Truong for a meeting at the Middlesex-London Health Unit office.

Met with a medical student to discuss the Public Health Preventive Medicine Program.

**March 6** Met with Lynne Livingstone, City Manager, City of London.

**March 7** Attended the Wholistic Health and Integrated Care Gathering meeting in Toronto, facilitated by the Indigenous Primary Health Care Council in partnership with the Office of the Chief Medical Officer of Health.

**Employee Engagement and Learning –** *These meeting(s) reflect on how the 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:*

**January 9** Attended a Family and Community Health Division leadership team meeting to support transitioning to the new organizational structure.

Attended a planning meeting for the MLHU STI clinic with physicians providing services, facilitated by Shaya Dhinsa, Manager, Sexual Health.

**January 10** Attended a School Health team meeting to support transitioning to the new organizational structure.

With Emily Williams, CEO, facilitated a meeting with Shaya Dhinsa, Manager, Sexual Health team to discuss daily program operations.

Attended an Environmental Health, Infectious Disease, and Clinical Services Division leadership team meeting to support transitioning to the new organizational structure.

**January 11** Attended a Municipal and Community Health Promotion team meeting to support transitioning to the new organizational structure.

**January 15** Attended a meeting regarding case and contact information with First Nations Health Centres.

Attended the MOS/IDID Steering Committee meeting.

**January 16** Attended the monthly Management Leadership Team meeting.

**January 18** Participated in a meeting to review and revise agency and Board of Health orientation.

**January 23** Participated in a meeting to discuss potential participation in a research project regarding HPV vaccination.

Participated in a meeting to discussion regarding emergency response.

**January 29** With Jenn Proulx, Director, Family and Community Health, facilitated a meeting with Darrell Jutzi, Manager, Municipal and Community Health and Linda Stobo, Manager, Social Marketing and Health System Partnerships, to conduct program planning and prioritization for 2024.

**January 31** Attended a Public Health Foundations Division leadership team meeting to support transitioning to the new organizational structure.

Facilitated a meeting to discuss a community response to the drug crisis, building upon the work of the Community Drug and Alcohol Strategy.

**February 6** Attended a Healthy Babies Healthy Children team meeting to support transitioning to the new organizational structure.

**February 9** Facilitated a meeting to discuss recent drug toxicity events locally and provincially.

**February 13** Attended the monthly Management Leadership Team meeting.

**March 4** Participated in a meeting discussing the Middlesex-London Health Unit's Emergency Response Plan.

**March 5** Attended the MOS/IDID Steering Committee meeting.

**March 6** Attended a Nurse Family Partnership and Early Years Group Programs team meeting to support transitioning to the new organizational structure.

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

**January 30** Participated in a Public Health Ontario Rounds on inequities in alcohol use and harm.

**January 31** Participated in a call with early career Medical Officers of Health for professional development and mentorship.

**February 1** Participated in a Public Health Ontario Rounds on the "GetaKit" online HIV and STI testing service.

**February 27** Participated in a Public Health Ontario Rounds on "Alcohol Risk and Policy: Epidemiology and Outcomes."

**Governance –** *This meeting(s) reflect on how the 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 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:*

**January 8** With Emily Williams, CEO, and Joanne Kearon, Associate Medical Officer of Health, hosted representatives from the Office of the Chief Medical Officer of Health for a meeting.

**January 11** Attended the monthly Board of Health agenda review and Executive meeting with the Chair and Vice-Chair of the Board of Health, Chief Executive Officer and Executive Assistant to the Board of Health.

**January 17** With Emily Williams, CEO, presented to the provincial Standing Committee on Finance and Economic Affairs.

**January 18** Attended the monthly one-on-one meeting with the Board Chair.

Attended the inaugural January Board of Health meeting.

**January 22** Attended the Rural Ontario Municipal Association conference in Toronto.

**February 1** Attended the Ontario Public Health Standards Review Table meeting.

**February 8** Attended the monthly Board of Health agenda review and Executive meeting with the Chair and Vice-Chair of the Board of Health, Chief Executive Officer and Executive Assistant to the Board of Health.

With Emily Williams, CEO, and Matthew Reid-Newton, Board Chair, attended a meeting with Peter Fragiskatos, Member of Parliament for London North-Centre to discuss federal newcomer funding.

**February 9** With Emily Williams, CEO, and Matthew Reid-Newton, Board Chair, attended a meeting with Arielle Kayabaga, Member of Parliament for London West to discuss federal newcomer funding.

**February 15** Attended the Ontario Public Health Standards Review Table meeting.

Attended the monthly one-on-one meeting with the Board Chair.

Attended the February Finance and Facilities Committee Meeting.

Attended the February Board of Health meeting.

This report was prepared by the Medical Officer of Health.

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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Management Practices Domain as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically the Governance and Leadership (ABRP) section.

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 22-24**

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

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

**DATE:** 2024 March 21

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# CHIEF EXECUTIVE OFFICER ACTIVITY REPORT FOR JANUARY AND FEBRUARY

## Recommendation

*It is recommended that the Board of Health receive Report No. 22-24 re: "Chief Executive Officer Activity Report for January and February" for information.*

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The following report highlights activities of the Chief Executive Officer (CEO) for the period of January 5 – March 7, 2024.

Standing meetings include weekly Corporate Services leadership team meetings, Senior Leadership Team meetings, MLHU Leadership Team meetings, Virtual Staff Town Hall meetings, bi-weekly R3 meetings, and weekly check ins with the Corporate Services managers and the Medical Officer of Health. The Chief Executive Officer took vacation on January 5th, 15th, 16th and February 26th to March 1st.

The Chief Executive Officer also attended the following meetings:

**Client and Community Impact –** *These meeting(s) reflect the Chief Executive Officer's representation of the Health Unit in the community:*

**January 19** With the Associate Director, Finance, met with City of London finance representatives to review MLHU assessment growth business cases.

**January 25** With members of the Senior Leadership Team, attended the 2024 State of the City Address.

**January 29** Attended a meeting with United Way Elgin Middlesex to discuss Community Impact.

**February 8** With the Board Chair and Medical Officer of Health, met with Member of Parliament Peter Fragiskatos to discuss federal newcomer funding.

**February 9** With members of the Senior Leadership Team, attended the Youth Opportunities Unlimited breakfast.

With the Board Chair and Medical Officer of Health, met with Member of Parliament Arielle Kayabaga to discuss federal newcomer funding.

**February 12** With the Associate Director, Finance, met with the City of London and Middlesex County finance representatives to provide an MLHU financial update.

**Employee Engagement and Learning –** *These meeting(s) reflect on how the Chief Executive Officer 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:*

**January 8** Attended the MLHU Leadership Team pre-planning meeting to discuss the January agenda.

**January 10** With the Medical Officer of Health, attended a meeting with Shaya Dhinsa, Manager, Sexual Health team to discuss daily program operations.

Participated in a Change Champions leadership session at MLHU.

**January 18** Attended a meeting to discuss changes to MLHU Orientation.

**January 24** With the Medical Officer of Health and Associate Director, Human Resources and Labour Relations, participated in the Chief Nursing Officer and Director, Family and Community Health interviews.

**January 29** Attended the Employment Systems Review Steering Committee.

With the Medical Officer of Health and Associate Director, Human Resources and Labour Relations, met with the union partner Ontario Nurses Association.

**February 1** With the Medical Officer of Health and Associate Director, Human Resources and Labour Relations, met with the union partner Canadian Union of Public Employees.

**February 5** Attended a meeting to discuss the MLHU performance appraisal tool for Public Health Nurses.

Attended the Equity, Diversity and Inclusion Advisory Committee.

**February 7** Attended the Management Operating System Implementation Working Group meeting.

**March 4** Attended the MLHU Leadership Team pre-planning meeting to discuss the March agenda.

With the Director, Chief Nursing Officer and Family and Community Health and Director, Human Resources and Labour Relations attended a meeting to discuss Model of Service Delivery review processes.

**March 5** Attended the Management Operating System/Intervention Description Indicator Development Project Steering Committee.

**Governance –** *This meeting(s) reflect on how the Chief Executive Officer influences the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve the Health Unit's mission and vision. This also reflects on the Chief Executive Officer's responsibility for actions, decision and policies that impact the Health Unit's 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:*

**January 8** With the Medical Officer of Health and Associate Medical Officer of Health, hosted representatives from the Office of the Chief Medical Officer of Health for a meeting.

**January 9** Attended the Citi Plaza Dental Operatory Build Steering Committee to discuss centralized ordering.

**January 10** Attended a Board Orientation planning meeting.

With the Assistant Director, Finance and Human Resources and Labour Relations and Manager of Procurement and Operations met with AON Hewitt to discuss employee benefits renewal.

**January 11** Attended Board of Health agenda review and Executive meeting.

**January 12** Attended the Association of Public Health Business Administrators Executive meeting.

**January 17** With the Medical Officer of Health, attended the Provincial Standing Committee on Finance and Economic Affairs.

**January 18** Met with the Board of Health Chair for a monthly one-on-one meeting.

Attended Board of Health meeting.

**January 19** Attended the Citi Plaza Dental Operatory Build Steering Committee meeting.

**January 22** With the Medical Officer of Health, attended the Rural Ontario Municipal Association conference in Toronto, specifically the session on 'Strengthening Public Health'.

**January 25** Attended the Citi Plaza Dental Operatory Build Steering Committee meeting.

**February 1** Attended meeting with Ministry of Health partners to discuss public health funding.

**February 8** Attended Board of Health agenda review and Executive meeting.

With MLHU Health and Safety representatives, met with Ministry of Labour representatives.

**February 15** Met with the Board of Health Chair for a monthly one-on-one meeting.

Attended Strengthening Public Health Lessons Learned speaker series hosted by the Ministry of Health.

Attended Finance and Facilities meeting.

Attended Board of Health meeting.

**February 16** Attended Association of Local Public Health Agencies Winter Symposium and Board of Health section meeting.

**February 20** Attended the Citi Plaza Dental Operatory Build Steering Committee meeting.

**February 22** Attended the Middlesex London Ontario Health Team Coordinating Council meeting.

**March 6** Attended the Citi Plaza Dental Operatory Build Steering Committee touch base.

**March 7** Attended meeting with Ministry of Health partners to discuss public health funding.

This report was prepared by the Chief Executive Officer.

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

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Good Governance and Management Practices Domain as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically the Governance and Leadership (ABRP) section.

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 23-24**

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

**FROM:** Matthew Newton-Reid, Board of Health Chair

**DATE:** 2024 March 21

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# BOARD OF HEALTH CHAIR ACTIVITY REPORT FOR JANUARY AND FEBRUARY

## Recommendation

*It is recommended that the Board of Health receive Report No. 23-24 re: "Board of Health Chair Activity Report for January and February" for information.*

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The following report highlights activities of the Middlesex-London Health Unit's Board of Health Chair for the period of January 18 – March 7, 2024. The 2024 Board of Health Chair is Matthew (Matt) Newton-Reid.

Categories for the Board Chair's Activity Report are outlined in Governance Policy G-270 - Roles and Responsibilities of Individual Board Members, Appendix B (Chair and Vice-Chair Responsibilities).

**Leadership -** *Guides and directs Board processes, centering the work of the Board on the organization's mission, vision and strategic direction*

**February 8** Met with MP Peter Fragiskatos with the Medical Officer of Health (MOH) and Chief Executive Officer (CEO) on priorities for newcomer funding to public health

**February 9** Met with MP Arielle Kayabaga with the MOH and CEO on priorities for newcomer funding to public health

**February 16** Participated in the Board of Health Section Meetings at the Association of Local Public Health Agencies Winter Symposium

**Agendas -** *Establishes agendas for Board meetings, in collaboration with the Medical Officer of Health (MOH) and Chief Executive Officer (CEO).*

**January 11** Participated in the January agenda review meeting with the Vice-Chair, MOH,

CEO and Executive Assistant (EA) to the Board of Health

**February 8** Participated in the February agenda review meeting with the Vice-Chair, MOH, CEO and Executive Assistant (EA) to the Board of Health

**Meeting Management -** *Presides over Board meetings in a manner that encourages participation and information sharing while moving the Board toward timely closure and prudent decision-making*

**January 18** Presided over the January Board of Health meeting

**February 15** Presided over the February Board of Health meeting

**MOH and CEO Relationship -** *Serves as the Board's central point of official communication with the MOH and CEO. Develops a positive, collaborative relationship with the MOH and CEO, including acting as a sounding Board for the MOH and CEO on emerging issues and alternative courses of action. Stays up to date about the organization and determines when an issue needs to be brought to the attention of the full Board or a committee*

**January 11** Participated in the January Executive meeting with the Vice-Chair, MOH and CEO

**January 18** Monthly meeting with the MOH

**January 18** Monthly meeting with the CEO

**January 18** Monthly meeting with the EA to the Board of Health

**February 8** Participated in the February Executive meeting with the Vice-Chair, MOH and CEO

**February 15** Monthly meeting with the MOH

**February 15** Monthly meeting with the CEO

**February 22** Monthly meeting with the EA to the Board of Health

**Committee Attendance -** *Serves as an ex-officio voting member of all committees*

**February 15** Participated in the February Finance and Facilities Committee meeting

This report was prepared by the Board of Health Chair.

**Matthew Newton-Reid**
Board of Health Chair

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The good governance and management standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's** Anti-Black Racism Plan and Taking Action for Reconciliation, specifically the Governance and Leadership (ABRP), Governance (TAFR) and Awareness/Education (TAFR) sections.

Public Health
Santé publique
SUDBURY & DISTRICTS

February 21, 2024

*VIA ELECTRONIC MAIL*

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

**Re: Gender-based and Intimate Partner Violence**

On behalf of the Board of Health for Public Health Sudbury & Districts, I am writing to advise you that the Board of Health is adding its voice to the concerns your government and so many other share concerning the escalating crisis of gender-based violence (GBV) and intimate partner violence (IPV) in our province. We know that you agree that this is a matter of grave concern that demands immediate attention and collective effort.

At its meeting of January 18, 2024, the Board of Health for Public Health Sudbury & Districts resolved to endorse the November 7, 2023, City of Greater Sudbury motion declaring gender-based violence and intimate partner violence an epidemic:

> *WHEREAS boards of health are required under the Ontario Public Health Standards to develop interventions to prevent injuries, including those caused by violence; and*
>
> *WHEREAS police-reported family violence across Canada is increasing and locally, in 2022, the Greater Sudbury Police Service investigated 3,227 intimate partner violence reports, resulting in 867 intimate partner violence charges; and*
>
> *WHEREAS in Sudbury, between 2018 and June 2023, there were 218 emergency department visits related to intimate partner violence; and*
>
> *WHEREAS the City of Greater Sudbury, Northeastern Manitoulin and the Islands, Billings Township, and 93 other municipalities in Ontario have declared gender-based violence and intimate partner violence as an epidemic; and*

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**phsd.ca**

*WHEREAS calling out the urgency of the issue and denouncing violence contributes to changing norms and improving coordinated multi-sector action, ultimately improving health outcomes for those directly affected, as well as families and communities;*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the November 7, 2023, City of Greater Sudbury motion declaring gender-based violence and intimate-partner violence an epidemic.*

As your government will be aware, gender-based violence and intimate partner violence cause immeasurable harm to individuals, families, and communities. These types of violence impact people of all genders, ages, socioeconomic, racial, educational, ethnic, religious, and cultural backgrounds. However, the rates of GBV and IPV are disproportionately higher among women, girls, and gender-diverse people. For many, this is often interconnected with broader societal and systemic issues, including poverty, discrimination, lack of access to resources, inadequate support systems and a legacy of colonialism.

The Board of Health urges the provincial government to allocate the necessary resources, funding, and policy frameworks to reinforce our health and social services. We thank you for your attention to and investment in this urgent public health issue, and we continue to look forward to opportunities to work together to promote and protect the health for everyone.

Sincerely,

René Lapierre
Chair, Board of Health

cc: Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Marci Ien, Minister for Women and Gender Equality and Youth
Honourable Paul Calandra, Minister of Municipal Affairs and Housing
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Eileen DeVilla, Chair, Council of Medical Officers of Health (COMOH)
All Ontario Boards of Health
Association of Local Public Health Agencies

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

**Middlesex-London Board of Health**
**External Landscape Review – March 2024**

The purpose of this briefing note is to inform MLHU Board of Health members about what is happening in the world of public health and impacts to the work of the MLHU and Board. This includes governance and legislative changes, news from other local public units, external reports on important public health matters, learning opportunities and MLHU events. **Please note that items listed on this correspondence are to inform Board members and are not necessarily an endorsement.**

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## Local Public Health News

### HKPR District Health Unit and Peterborough Public Health look to strengthen public health together

On February 28, the Boards of Health for the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit and Peterborough Public Health (PPH) announced that they will seek provincial approval and funding to voluntarily merge. It was noted that both public health units have an extensive history of collaboration and share similar geographic, demographic, health status and population characteristics. Both organizations are also dedicated to reducing health inequities and addressing the most pressing public health challenges faced by the urban, rural and Indigenous communities that they serve.

An application will be submitted by the Province before April 2, 2024. Mergers of public health units require provincial legislative change. Both PPH and HKPR public health units will continue to operate independently during the provincial review period.

**To read the full media release, please visit the Haliburton, Kawartha, Pine Ridge (HKPR) District Health Unit and Peterborough Public Health (PPH) websites.**

**Impact to MLHU Board of Health**
On August 22, 2023, the Ontario Ministry of Health (through Minister Sylvia Jones) announced their plan to invest in a stronger public health sector. One of the avenues was to provide financial incentives to public health units wishing to begin a voluntary merger process. The Boards of Health for Haliburton, Kawartha, Pine Ridge and Peterborough will be submitting a joint voluntary merger application to the Province of Ontario to proceed with a merger.

### Algoma Board of Health opposes merger, Public Health Sudbury & Districts supports merger

On February 20, the Boards of Health for Algoma Public Health (APH) and Public Health Sudbury & Districts voted on a motion regarding a voluntary merger with their public health units. The APH Board of Health voted against a merger and the PHSD Board of Health voted in favour of a merger. Proposing a potential merger to the Ministry of Health requires agreement from both boards of health. As the Board of Health for Public Health Sudbury & Districts voted to support the potential merger and the Board of Health for Algoma Public Health voted against, a merger proposal will not be submitted to the Ministry.

**To read the full media release, please visit the Algoma Public Health and Public Health Sudbury & Districts websites.**

**Impact to MLHU Board of Health**
On August 22, 2023, the Ontario Ministry of Health (through Minister Sylvia Jones) announced their plan to invest in a stronger public health sector. One of the avenues was to provide financial incentives to public health units wishing to begin a voluntary merger process. The Boards of Health for Algoma and Sudbury & Districts will not be proceeding with a voluntary merger application.

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

**Halton Region appoints new Medical Officer of Health**

Halton Regional Council (Board of Health) is announcing the appointment of Dr. Deepika Lobo as its next Commissioner of Health and Medical Officer of Health. Dr. Lobo has served as an Associate Medical Officer of Health since joining Halton Region in 2019 and has been Acting Commissioner of Health since September 2023.

Dr. Lobo completed her residency in Public Health & Preventive Medicine through the DeGroote School of Medicine at McMaster University and is a Fellow with the Royal College of Physicians and Surgeons of Canada. Dr. Lobo obtained her Doctor of Medicine from Kasturba Medical College at Manipal University in India, and has the degrees of Master of Public Health and Master of Business Administration from McMaster University.

**To read the full media release, please visit Halton Region's website.**

**Impact to MLHU Board of Health**
The Board supports collaboration and connection with other public health units in the province and encourages MLHU's Medical Officer of Health to work with other Medical Officers of Health as necessary for advocacy and idea sharing.

## National, Provincial and Local Public Health Advocacy

**Multiple Ontario municipalities and boards of health advocating against public health labs being closed**

In December 2023, the Ontario Auditor General released their Report on Value-for-Money Audit of Public Health Ontario. One of the recommendations was to close 6 out of the 11 public health laboratories. The laboratories proposed to be closed are in Timmins, Sault Ste. Marie, Hamilton, Peterborough, Kingston, and Orillia.

**To learn more, please read the following articles from:**

- **The Sault Star – February 20, 2024**
- **The Peterborough Examiner – February 28, 2024**
- **The Kingston Whig Standard – February 29, 2024**

**Impact to MLHU Board of Health**
If laboratories are closed, there is a potential that wait times for pertinent public health results from public health units will be delayed, which could be detrimental for case and contact teams working to support the prevention of infectious disease spread within the community. Capacity could be limited for the laboratories that remain open.

**Public Health Ontario's (PHO) new Strategic Plan 2024-29**

Public Health Ontario | Santé publique Ontario

On February 28, Public Health Ontario released their 2024-2029 Strategic Plan. Strategic directions within this plan include:

1. Lead provincial public health data transformation, leveraging advanced analytics to drive evidence-informed practice and decision-making
2. Strengthen laboratory leadership, advance genomics for public health action, and sharpen the focus on complex microbiology testing
3. Advance public health and health workforce capacity and knowledge to improve population health outcomes
4. Accelerate moving evidence to action as the convener and integrator of expertise on public health issues and drive quality improvement for public health

**To read the new Strategic Plan, please visit Public Health Ontario's website.**

**Impact to MLHU Board of Health**
The MLHU continues its relationship with Public Health Ontario and ways to collaborate on mutually beneficial goals. Public health also relies on laboratory support from Public Health Ontario when conducting case and contact management (test results) and supporting clients with this information.