



# **BOARD OF HEALTH MEETING**

**Wednesday, June 5, 2024**

**9:30 a.m. – 11:30 a.m.**

**In-Person**

**Please note there will be a  
Closed Session  
at the beginning of the meeting**

To ensure a quorum we ask that you please

RSVP to

[clovell@hpeph.ca](mailto:clovell@hpeph.ca) or 613-966-5500, Ext 231

# Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

## Our Vision

Healthy Communities,  
Healthy People.

## Our Mission

Together with our communities,  
we help people become as  
healthy as they can be.

## Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

## Our Strategic Priorities



Community  
Engagement



Staff  
Engagement  
and Culture



Population Health  
Assessment and  
Surveillance



Program  
Standards



Health  
Promotion



# BOARD OF HEALTH MEETING AGENDA

Wednesday, June 5, 2024

9:30 to 11:30 a.m.

**In-Person Meeting**

**1. CALL TO ORDER**

**2. LAND ACKNOWLEDGMENT** (Chair O'Neill to speak full version)

*Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.*

**3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

**4. APPROVAL OF THE AGENDA**

**5. CLOSED SESSION**

THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically, (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

**6. MOTIONS ARISING FROM CLOSED SESSION**

**7. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING**

7.1 Meeting Minutes of Wednesday, May 1, 2024

[Schedule 7.1](#)

**8. BUSINESS ARISING FROM THE MINUTES**

**9. DEPUTATIONS** - None

**10. COMMITTEE REPORTS**

10.1 Voluntary Merger Committee Update

10.2 Governance Committee – Revised Governance Package

[Schedule 10.2](#)

**11. REPORT OF THE MEDICAL OFFICER OF HEALTH**

[Schedule 11.0](#)

**12. STAFF REPORTS**

12.1 2023 Rabies Report (Presentation)

12.2 2023 Annual Report

[Schedule 12.1](#)

[Schedule 12.2](#)

**13. CORRESPONDENCE AND COMMUNICATIONS**

~ Letter from Deputy Premier Syliva Jones dated May 29, 2024

[Schedule 13.0](#)

**14. NEW BUSINESS**

**15. INFORMATION ITEMS** - None

**16. DATE OF NEXT REGULAR MEETING** – Wednesday, September 4, 2024 at 9:30 a.m.

**17. ADJOURNMENT**



**BOARD OF HEALTH MEETING MINUTES**

Wednesday, May 1, 2024

Hastings Prince Edward Public Health (HPEPH)

**Present:** Ms. Jan O'Neill, Mayor, Municipality of Marmora & Lake, County of Hastings, Chair  
Dr. Jeffrey Allin, Provincial Representative  
Mr. Sean Kelly, Councillor, City of Belleville  
Mr. Michael Kotsovos, Councillor, City of Quinte West, Vice Chair  
Mr. David McCue, Councillor, City of Quinte West  
Ms. Melanie Paradis, Provincial Representative  
Ms. Barbara Proctor, Provincial Representative  
Mr. Bill Roberts, Councillor, Prince Edward County  
Mr. Phil St. Jean, Councillor, Prince Edward County

**Regrets:** Ms. Kimberly Carson, Mayor, Limerick Township, Hastings County  
Dr. Craig Ervine, Provincial Representative  
Mr. Garnet Thompson, Councillor, City of Belleville

**Also Present:** Dr. Ethan Toumishey, Medical Officer of Health and CEO  
Ms. Shelly Brown, Director of Community Programs  
Mr. David Johnston, Director of Corporate Services  
Ms. Nancy McGeachy, Director of Clinical Programs  
Ms. Catherine Lovell, Executive Assistant

**1. CALL TO ORDER**

Chair O'Neill called the meeting to order at 9:32 a.m.

**2. LAND ACKNOWLEDGMENT** - Spoken by Chair O'Neill.

**3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**

None

Chair O'Neill welcomed our most recent provincial representative to the Board, Ms. Barbara Proctor to the Board.

**4. APPROVAL OF THE AGENDA**

THAT the agenda for the Board of Health (Board) meeting on Wednesday, May 1, 2024 be approved as circulated.

**MOTION:**

Moved by: Melanie

Seconded by: David

CARRIED

## 5. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETINGS

### 5.1 Approval of Minutes of Wednesday, March 6, 2024

THAT the minutes of the regular meeting of the Board held on March 6, 2024 be approved as circulated.

**MOTION:**

Moved by: Sean  
Seconded by: Melanie  
CARRIED

### 5.2 Approval of Minutes of Wednesday, March 27, 2024

THAT the minutes of the regular meeting of the Board held on March 27, 2024 be approved as circulated.

**MOTION:**

Moved by: Phil  
Seconded by: Bill  
CARRIED

## 6. BUSINESS ARISING FROM MINUTES

### 6.1 The Real Cost of Eating Well

THAT the Board of Health endorse the Association of Local Public Health Agencies resolution #A23-05 Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates, AND

THAT the Board of Health advocate for income-based policy solutions to reduce household food insecurity such as increasing minimum wage and social assistance rates; and affordable housing initiatives and by issuing the attached letter to Premier Doug Ford with the requested change.

**MOTION:**

Moved by: David  
Seconded by: Sean  
CARRIED

There was discussion around the revised letter to Premier Ford where members requested the map showing household food insecurity prevalence be included in the letter as it was presented at the Board meeting held on March 6, 2024.

## 7. DEPUTATIONS – None

**8. COMMITTEE REPORTS**

8.1 Voluntary Merger Committee Update (Councillor Kelly)

THAT the Merger Committee report be received by the Board as presented.

**MOTION:**

Moved by: Bill  
Seconded by: Dave  
CARRIED

8.2 Finance Committee – 2024 First Quarter Revenues & Expenses (D. Johnston)

8.3 Finance Committee - Summary of Annual Service Plan Submission (D. Johnston)

THAT the 2024 First Quarter Revenues and Expenses report and the Annual Service Plan Submission report be received as circulated for information purposes.

**MOTION:**

Moved by: David  
Seconded by: Michael  
CARRIED

8.4 – Finance Committee – Review of Audit Findings Report (David Johnston)

8.5 – Finance Committee – Review of Draft Audited Financial Statements

THAT the Audit Findings Report and Draft Audited Financial Statements for the year ending December 31, 2023 be received and approved by the Board of Health.

**MOTION:**

Moved by: Melanie  
Seconded by: Jeffrey  
CARRIED

**9. REPORT OF THE MEDICAL OFFICER OF HEALTH**

THAT the report of the Medical Officer of Health be received as presented.

**MOTION**

Moved by: Dave  
Seconded by: Bill  
CARRIED

Dr. Toumishey reviewed the items in the briefing note. There was some discussion around the Immunization of School Pupils Act (ISPA) in that the Health Unit has not enforced the suspension of students under the ISPA since the COVID-19 pandemic. Through further discussion around the recent deaths of birds in the region, the following motion was put forth.

THAT the Medical Officer of Health provide a report at the next Board meeting regarding Avian Flu.

**MOTION**

Moved by: Melanie  
Seconded by: Bill  
CARRIED

**10. STAFF REPORT** – Community Drug Strategy Update (Victoria Law)

THAT the community drug strategy update report be received by the Board as presented.

**MOTION**

Moved by: Dave

Seconded by: Bill

CARRIED

Ms. Law noted that there are many agencies across our area involved in the local drug strategy and that we use the federal drug strategy as a guide. There was further discussion at which time it was requested to have a representative from the Belleville Police Service and/or OPP to come in and do a follow up presentation to the Board.

**11. CORRESPONDENCE AND COMMUNICATIONS** – None**12. NEW BUSINESS** – None

Chair O'Neill thanked Dr. Ervine for his service to the Board during his eight-year tenure with the Board of Health during which he was a member of the Finance Committee, was involved with strategic planning and was interim Chair of the Board during the last municipal election.

**13. INFORMATION ITEMS** (Available for viewing online at [hpePublicHealth.ca](http://hpePublicHealth.ca))

Chair O'Neill brought the Board's attention to the information items found on the Health Unit's website.

**14. DATE OF NEXT MEETING** – Wednesday, June 5, 2024 at 9:30 a.m.**15. ADJOURNMENT**

THAT this meeting of the Board be adjourned at 11:05 a.m.

**MOTION:**

Moved by: Melanie

Seconded by: Sean

CARRIED

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Jan O'Neill, Board Chair  
Hastings Prince Edward Board of Health

## Board of Health Briefing Note

|                                   |  |
|-----------------------------------|--|
| <b>To:</b>                        | Hastings Prince Edward Board of Health   |
| <b>Prepared by:</b>               | David Johnston, Director of Corporate Services   |
| <b>Approved by:</b>               | Dr. Ethan Toumishey, Medical Officer of Health and CEO   |
| <b>Date:</b>                      | Wednesday, June 5, 2024  |
| <b>Subject:</b>                   | <b>Updated Board Governance Package</b>  |
| <b>Nature of Board Engagement</b> | <input type="checkbox"/> For Information<br><input type="checkbox"/> Strategic Discussion<br><input checked="" type="checkbox"/> <b>Board approval and motion required</b><br><input checked="" type="checkbox"/> <b>Compliance with Accountability Framework</b><br><input type="checkbox"/> Compliance with Program Standards  |
| <b>Action Required:</b>           | Board of Health to review and approve the updated Governance Package including the by-laws and policies contained therein.   |
| <b>Background:</b>                | <p><b><i>In accordance with the Ontario Public Health Standards: Good Governance and Management Practices Domain, the Board of Health shall ensure that by-laws, policies and procedures are reviewed and revised as necessary, and at least every two years.</i></b></p> <p>The requirements for by-laws in public health is outlined in the Health Protection and Promotion Act (HPPA) RSO 1990, c.H.7 Section 56 (1) which specifies:</p> <p>A board of health (Board) shall pass by-laws respecting,</p> <ul style="list-style-type: none"> <li>(a) Management of its property;</li> <li>(b) Banking and finance;</li> <li>(c) Calling of and proceedings at meetings; and</li> <li>(d) Appointment of an auditor.</li> </ul> <p>The Ontario Public Health Standards (OPHS) provide further direction regarding policy development for a public health agency.</p> <p><b><u>By-Laws</u></b></p> <p>Hastings Prince Edward Public Health (HPEPH) has four (4) by-laws. A borrowing by-law is approved every year and is required by Canadian Imperial Bank of Commerce (CIBC). This by-law was approved at the March 6, 2024 meeting of the Board.</p> <p>The remaining three (3) by-laws were last reviewed in 2022. Minor editing and format changes have been incorporated as required and the following revisions have been made for review. Revisions include:</p> <ul style="list-style-type: none"> <li>• Banking and Financial Activities: By-law 2024-02             <ul style="list-style-type: none"> <li>○ Removed the requirement of a resolution to appoint an auditor as we automatically adopt the audit firm used by the municipality that contributes the largest share of expenses.</li> </ul> </li> <li>• Property Management: By-law 2024-03             <ul style="list-style-type: none"> <li>• Improved wording for enhanced clarification</li> </ul> </li> </ul> |



|  |  |
|--|--|
|  | <ul style="list-style-type: none"><li>• Governance of Proceedings: By-law 2024-04<ul style="list-style-type: none"><li>○ Minor wording changes and deletion of a paragraph that no longer applies</li></ul></li></ul> <p><b>Policies</b></p> <p>The Board of Health governance package consists of seventeen (17) policies. Minor editing has been included in this set of revisions. There were no substantive changes to any of the policies.</p> <p>One new policy was introduced:</p> <ul style="list-style-type: none"><li>• Deputation Requests to the Board of Health (this was approved at the June 7, 2023 Board of Health meeting).</li></ul> <p><b>Terms of Reference</b></p> <p>There were no changes made to the Terms of Reference.</p> <p>For ease of reading, changes have been highlighted in yellow.</p> |
|--|--|



HASTINGS PRINCE EDWARD  
**Public Health**

**GOVERNANCE PACKAGE**

**HASTINGS PRINCE EDWARD  
BOARD OF HEALTH**

To be Approved: Wednesday, May 22, 2024 (Governance Committee)  
Wednesday, June 5, 2024 (Board of Health)

# Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

## Our Vision

Healthy Communities,  
Healthy People.

## Our Mission

Together with our communities,  
we help people become as  
healthy as they can be.

## Our Values Show We CARE



**Collaboration**



**Advocacy**



**Respect**



**Excellence**

## Our Strategic Priorities



**Community  
Engagement**



**Staff  
Engagement  
and Culture**



**Population Health  
Assessment and  
Surveillance**



**Program  
Standards**



**Health  
Promotion**

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## INTRODUCTION

### Overview

The Board of Health (Board) is an autonomous body responsible for the governance and oversight of Hastings and Prince Edward Counties Health Unit in accordance with Section VI – *Health Units and Boards of Health* of the Health Protection and Promotion Act (HPPA).

The Board oversees the implementation, management and advocacy for the health programs and services described in the HPPA and associated regulations. Specific programs and services can be found on our website at [hpePublicHealth.ca](http://hpePublicHealth.ca).

HPEPH has strong community and inter-agency partnerships and, with a core staff of approximately 130 full time equivalents, prides itself on being an innovative, responsive ~~public health unit~~ local public health agency that can respond quickly to community needs. HPEPH has a main office in Belleville and service hubs in Trenton, Picton and Bancroft. The Medical Officer of Health and Chief Executive Officer is the Executive Officer to the Board of Health (Board) and is responsible to the Board for the management of the organization's public health programs and services as required by law.

Funding for programs at HPEPH are financed through the Ministry of Health, Ministry of Children, Community and Social Services, Health Canada, the Public Health Agency of Canada and the municipal sector. Municipal funding is based on a cost-sharing arrangement with the Ministry of Health.

Program requirements for HPEPH are provided through a comprehensive set of both program and organizational requirements that specify the expectations of a public health unit to provide health programs and services.

Although the legal name of the health unit is The Board of Health of the Hastings and Prince Edward Counties Health Unit, effective 2015, the Health Unit operates as Hastings Prince Edward Public Health (HPEPH).

### Structure

The Board at HPEPH consists of both municipal members and appointed members. [Regulation 559](#) of the HPPA stipulates that HPEPH shall have eight municipal members, two each from the City of Belleville, City of Quinte West, County of Hastings and the County of Prince Edward. In accordance with the HPPA, the Lieutenant Governor in Council may appoint one or more persons to a Board of Health. Typically, HPEPH has had two provincial appointees. The maximum number must be less than the number of municipal members of the Board.

Municipal Board members are appointed for the duration of their term in public office or until the respective Council decides to change its representation. Provincial Appointees are appointed by the Ontario Public Appointments Secretariat with varying terms of one, two or three years.

## Meeting Structure

During the first meeting of each year, the Board will:

- Elect a Chair and Vice-Chair
- Appoint Board members to standing committees. Current committees include the Finance and Governance Committees. An ad-hoc Property or Hiring Committee may also be appointed as required.
- A meeting schedule is distributed at the beginning of each year. The Board typically meets on the first Wednesday of the month from February to December and meetings are held in person whenever possible. No meetings are held over the summer unless required.
- The Finance Committee meets quarterly or as required on the fourth/third Wednesday of the month.
- The Governance Committee meets twice a year or as required on the fourth/third Wednesday of the month.
- The Board of Health is subject to the Municipal Act. Meetings follow the same procedures as municipalities.

## Strategic Plan

~~The Board has a strategic plan in place for the period 2019 to 2023. In September of 2021, a pandemic recovery plan and associated priorities was approved by the Board resulting in a different emphasis to the original strategic plan directions.~~

Due to the provincial initiative, *Strengthening Public Health* and the endorsement by the Board of Health on October 4, 2023 to explore voluntary merger opportunities in accordance with Ministry of Health parameters, it was recommended that a formal strategic planning process for Hastings Prince Edward Public Health be deferred for a minimum of one year.

## Expectations of Board Members

The governance package consists of by-laws, board policies and procedures and committee terms of reference which provides a comprehensive overview of how the Board operates. The Association of Local Public Health Agencies (ALPHA) provides a superb orientation and governance toolkit which all Board members are encouraged to review. The materials prepared by ALPHA provide detailed information on the history and programs of public health, roles and responsibilities of the Board and the Medical Officer of Health, common abbreviations, Acts pertaining to public health and other general governance information.

## Important links

[Health Protection and Promotion Act, R.S.O. 1990, c. H.7](#)

[Municipal Act, 2001](#)

[Municipal Affairs Act, R.S.O. 1990, c. M.46, Part II, General sections 11 and 12](#)

[Association of Local Public Health Agencies](#)



- ♦ Orientation Manual for Boards of Health
- ♦ Governance Toolkit

Ontario Public Health Standards (June, 2021)

Hastings Prince Edward Public Health Website

## Challenges and Opportunities

- ~~Pandemic Recovery~~
- ~~Addressing community needs and prioritization of public health services~~
- ~~Resource allocation~~
- ~~Advocacy for funding and public health policy~~
- ~~Public health modernization~~
- Strengthening Public Health – Voluntary Merger
- Ontario Public Health Standards review
- Community needs and prioritization of public health services

## BY-LAWS

### By-Law No. 2024-01

#### Annual By-Law to authorize the borrowing of up to \$1,000,000

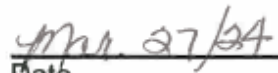
WHEREAS the Board of Health for the Hastings and Prince Edward Counties Health Unit (hereinafter called the "Board") deems it necessary to borrow the sum of up to \$1,000,000 to meet expenditures of the Board for the year until the municipal levies and government grants are received:


THEREFORE, the Board hereby enacts as follows:


1. The Chair of the Board and the Chair of the Finance Committee are hereby authorized on behalf of the Board to borrow from time to time by way of promissory note from the Canadian Imperial Bank of Commerce, a sum or sums not exceeding \$1,000,000 to meet the current expenditures of the Board for the year until the municipal levies and government grants are received, and to give on behalf of the Board, to the bank, a promissory note or notes and signed by the Chair of the Board and the Chair of the Finance Committee for the monies so borrowed, with interest at such rate as may be agreed upon from time to time with the Bank.
2. The interest costs for all sums borrowed pursuant to the authority of the by-law shall be charged as an expenditure against the revenues of the Board for the current year.
3. The Chair of the Finance Committee is hereby authorized and directed to apply in payment of all sums borrowed as aforesaid, together with the interest thereon, all of the monies hereafter collected are received either on account or realized in respect of levies and grants for the current year and preceding year or from any other source which may lawfully be applied for such purpose.

This by-law shall come into force and take effect immediately upon the approval thereof.

  
 \_\_\_\_\_  
 Jan O'Neill, Chair, Board of Health

  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Dr. Ethan Toumishey,  
 Medical Officer of Health & CEO

  
 \_\_\_\_\_  
 Date

**By-Law No. 2024-02**

A by-law to govern the banking and financial activities of the Board of Health, and the appointment of auditor

WHEREAS the Health Protection and Promotion Act (HPPA) RSO 1990, c. H.7, as amended, Section 56 (1b & d) and the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability 2021, Public Health Accountability Framework Fiduciary Requirements Domain (Requirement #10) require that a Board of Health shall pass by-laws respecting banking and finance and the appointment of an auditor;

AND WHEREAS the HPPA RSO 1990, c. H.7, as amended, Section 59 (1a & b) and the OPHS: Requirements for Programs, Services, and Accountability 2021: Public Health Accountability Framework Fiduciary Requirements Domain (Requirement #9) require that a Board of Health shall keep:

- a) books, records and accounts of its financial affairs, and
- b) the invoices, receipts and other documents in its possession that relate to the financial affairs of the Board.

The HPPA RSO 1990, c. H.7, as amended, Section 59 (2), and the OPHS: Requirements for Programs, Services, and Accountability 2021, Public Health Accountability Framework Planning Documents / Transparency Framework Public Reporting further state the Board of Health shall cause to be prepared statements of its financial affairs in each year, including

- a) annual statement of income and expenses,
- b) annual statement of assets and liabilities, and
- c) annual estimate of expenses for the following year.

NOW THEREFORE the Board of Health for the Hastings & Prince Edward Counties Health Unit enacts as follows:

## 1. Definitions

- a) "Act" means the Health Protection and Promotion Act, R.S.O. 1990, c. H.7, as amended;
- b) "Board" means the Board of Health for the Hastings & Prince Edward Counties Health Unit, operating as Hastings Prince Edward Public Health;
- c) "The Agency" means Hastings Prince Edward Public Health.

## 2. Delegation of Authority

- 2.1 All matters related to the financial affairs of the Board shall be carried out by the Medical Officer of Health or as designated to the Director of Corporate Services.
- 2.2 Furthermore, the Board authorizes the Director of Corporate Services or their designate, on behalf of the Board to:
  - a) Ensure the preparation of budgets for submission to the Board and administer approved budgets under the jurisdiction of the Board,

- b) Ensure the regular reporting of financial and operating statements is completed for the Board in accordance with established Ministry policies and indicating the financial position of the Board with respect to the current operations,
- c) Arrange for an annual audit of all accounting books and records in accordance with terms of funding requirements and generally accepted accounting principles,
- d) Ensure statements of its financial affairs are prepared in each year including, but not limited to, the following:
  - i. an annual statement of income and expenses,
  - ii. an annual statement of assets and liability, and
  - iii. an annual estimate of expenses for the next year,
- e) Act as custodian of the books of account and accounting records of the Board, as required, to be kept according to the laws of the Province,
- f) Ensure agreements are in place for the provision of payroll and banking services as required,
- g) Perform other duties as the Board may direct.

### 3. Borrowing Authority

The Board, from time to time, may

- a) borrow money on the credit of the Board, and
- b) charge, mortgage, hypothecate, pledge or otherwise create a security interest in all or any of the currently owned or subsequently acquired real or personal, movable or immovable property of the Board, including, without limitation, book debts, rights, powers, franchises and undertakings, to secure any present or future indebtedness, liabilities or other obligations of the Board.

### 4. Agreement with Chartered Bank or Trust Company

The Board, through the Medical Officer of Health and the Director of Corporate Services, will enter into an agreement with a recognized chartered bank or trust company that will provide the following services:

- a) current or savings account(s) as required,
- b) interest bearing operating account,
- c) provision of cancelled cheques on a monthly basis, together with monthly bank statements showing all debits and credits,
- d) electronic statements, access and services as required by the Agency, and
- e) provision of advice and other banking services required by the Board.

### 5. Signing Authority

- 5.1 The authority to sign cheques, and all related contractual documents and agreements, will be restricted to these five (5) positions: Chair of the Board, Vice-Chair of the Board, Chair of the Finance Committee, Medical Officer of Health, and Director of Corporate Services.

- 5.2 The signatures of two authorized persons shall be required on each cheque or financial obligation.
- 5.3 Cheques and financial obligations under \$100,000 shall be signed by any two of the following: the Medical Officer of Health, Director of Corporate Services, Chair of the Board, Vice Chair of the Board, or the Chair of the Finance Committee.
- 5.4 Cheques and financial obligations over \$100,000 shall be signed by any two of the following: the Medical Officer of Health, Chair of the Board, Vice Chair of the Board or the Chair of the Finance Committee.
- 5.5 Notwithstanding the requirements for signatures listed above, cheques or electronic funds transfers for monthly benefit payments and Ontario Municipal Employees Retirement System (OMERS) pension premiums shall be signed by any two of the five authorized signees.
- 5.6 Notwithstanding the requirements for signatures listed above, other contractual documents and agreements binding the Agency shall be signed by any one (or two) of the five authorized signees above, in accordance with the terms of the agreement.
- 5.7 Notwithstanding the requirements for signature listed above, signing authority for employment contracts shall be in accordance with the Agency's operational policies.

## 6. Appointment of an Auditor

- 6.1 **In each year, by resolution,** the Board shall confirm the appointment of an auditor who shall not be a member of the Board and shall be licensed under the Public Accounting Act, 2004, S.O. 2004, Chapter 8, as amended. The Agency shall use the same audit firm as the municipality with the largest share of expenses.
- 6.2 Only the auditor of the municipality that is responsible for the largest share of the expenses of the Agency in the year is required to audit the local Board in that year.

## 7. Duties of an Auditor

The Auditor shall:

- a) audit the accounts and transactions of the Board,
- b) perform such duties as prescribed by the Act and the Ministry of Municipal Affairs and Housing with respect to local boards under the Municipal Act, 2001, as amended, and the Municipal Affairs Act, R.S.O. 1990, as amended, and
- c) perform such other duties as may be required by the Board.

## 8. Rights of an Auditor

The Auditor shall:

- a) have a right of access at all reasonable hours to all books, records, documents, accounts, and vouchers of the Board and is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as in their opinion may be necessary to enable them to carry out prescribed duties, and
- b) be entitled to attend any meeting of the Board and to receive all notices relating to any such meeting, and to be heard at any such meeting that they attend on any part of the business of the meeting that concerns them as auditor.

9. Conflict with other Statute

Where there is conflict between any part(s) of this by-law and any statute or regulation, the statute or regulation shall take precedence.

10. Severability

If a court or tribunal of competent jurisdiction declares any portion of this by-law to be illegal or unenforceable, that portion of this by-law will be considered severed from the remainder of this by-law, which shall continue to be in full force and effect.

11. Previous By-laws Rescinded

All previous by-laws governing the banking and financial authorities and providing for the duties of the Auditor of the Board of Health are hereby rescinded.

12. By-law into effect

This by-law shall come into force and take effect immediately upon the approval of the Chair of the Board of Health and the Medical Officer of Health.

\_\_\_\_\_  
Jan O'Neill, Chair, Board of Health

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Ethan Toumishey, Medical Officer of Health & CEO

\_\_\_\_\_  
Date

**By-Law No. 2024-03**

A by-law to govern the management and financing of the Board of Health's physical properties.

WHEREAS the Health Protection and Promotion Act (HPPA) RSO 1990, c. H.7 Section 52 (3) permits a Board of Health to acquire and hold real property for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it;

AND WHEREAS the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability 2021, Fiduciary Requirement #10 (page 65), requires that a Board of Health shall pass by-laws respecting the management of its property;

AND WHEREAS the OPHS: Requirements for Programs, Services, and Accountability 2021 Fiduciary Requirements Domain: Requirements #14 (a), 17, 18, 20 & 21, including compliance with the Community Health Capital Programs Policy, require that a Board of Health that owns its own building(s) shall maintain a Capital Funding Plan for fixed assets to ensure that funding for capital projects is appropriately managed and reported;

AND WHEREAS the Ontario Municipal Act, 2001, as amended, requires that a Board shall adopt policies for the sale or disposition of land;

NOW THEREFORE the Board of Health for Hastings & Prince Edward Counties Health Unit enacts as follows:

### 1. Definitions

- a) "Agency" means Hastings Prince Edward Public Health,
- b) "Board" means the Board of Health for Hastings & Prince Edward Counties Health Unit, operating as Hastings Prince Edward Public Health,
- c) "HPPA" means the Health Protection and Promotion Act, RSO 1990, c. H.7, as amended, and
- d) "Municipal Act" means the Municipal Act, 2001, as amended.

### 2. Board to Hold Title

- 2.1 The Board shall hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it [HPPA Section 52 (3)].
- 2.2 Section 2.1 does not apply unless the Board has first obtained the consent of the Councils of the majority of the municipalities within the Agency by the Board [HPPA Section 52 (4)].

### 3. Sale of Land

- 3.1 Prior to the sale of any real property owned by the Board, the Board shall:

- a) declare the real property to be surplus by means of a by-law or resolution passed at a meeting open to the public, and
  - b) obtain, not more than one (1) year before the date of sale, at least one appraisal of the fair market value of the real property from such person as the Director of Corporate Services considers qualified.
- 3.2 Notice to the public of a proposed sale of real property owned by the Board shall be given prior to the date of the sale by publication in a newspaper that is of sufficiently general paid or unpaid circulation within the Agency area to give the public reasonable notice of the proposed sale.
- 3.3 Despite the requirements of Clause 3.1(b) of the by-law, and subject to the requirements of Clause 3.2, the Board may sell any real property owned by it to any one of the following classes of public bodies without first obtaining an appraisal:
- a) any municipality within the Agency served by the Board,
  - b) a local board, as defined in the Municipal Affairs Act, R.S.O. 1990, Chapter M.46, Part 1, and
  - c) The Crown in Right of Ontario or of Canada and their agencies.

#### 4, Property Committee

The Board may, at its discretion, appoint a committee, named the Property Committee, to:

- a) assess the current and future physical property requirements of the Agency,
- b) research and cost alternatives, including new properties, capital improvements or other means, and
- c) report on such and make recommendations to the Board.

#### 5. Capital Funding Plan

The Board shall maintain a Capital Funding Plan under the guidance of, but separate and apart from, the Strategic Plan. The purpose of the Capital Funding Plan is to:

- a) assess and report on the future capitalization needs of the Board in securing and maintaining physical properties adequate to carry out the functions of the Board,
- b) review, approve or reject, and set priorities for capital projects and funding requirements, and set timelines for undertaking such projects, and
- c) define oversight and governance policies to manage and remain appropriately informed on in-process capital projects.

#### 6. Property Management Responsibility

Responsibility for the care and maintenance of all property required by the Board shall rest with the Director of Corporate Services. This responsibility shall include the following:

- a) replacement of or major repairs to capital items, such as the heating, cooling, and ventilation systems, roof and structural work, plumbing, lighting and wiring
- b) maintenance and repair of the parking areas and exterior of the building
- c) care and upkeep of the grounds of the property
- d) cleaning, maintaining, decorating and repairing of the interior of the building



- e) maintenance of up-to-date fire and liability insurance coverage to reflect the current inventory, which will be updated each December.

## 7. Capital Development Project Responsibility

Responsibility for the management of major capital development projects, such as new property construction or major leasehold improvement projects, shall rest with the Director of Corporate Services. Alternatively, the Board may also approve the appointment of an external capital project manager who shall not be a member of the Board. This responsibility shall include:

- a) direction of all architects, designers, and contractors related to the capital project,
- b) election or design decisions regarding mechanical systems or other capital items, such as the heating, cooling, and ventilation systems; roof and structural work; plumbing; lighting; and wiring,
- c) monitoring and reporting to the Board on the status, issues, costs, and timelines of the project, and
- d) performing other capital project related duties as may be determined by the Board.

## 8. Statutory Requirements

The Board shall ensure all such properties comply with applicable statutory requirements contained in local, provincial, and federal legislation (e.g. building and fire codes).

## 9. Conflict with other Statutes

Where there is conflict between any part(s) of this by-law and any statute or regulation, the statute or regulation shall take precedence.

## 10. Severability

If a court or tribunal of competent jurisdiction declares any portion of this by-law to be illegal or unenforceable, that portion of this by-law will be considered severed from the remainder of this by-law, which shall continue to be in full force and effect.

## 11. Previous By-laws Rescinded

All previous by-laws governing the management and financing of the Board of Health's physical properties are hereby rescinded.

## 12. By-law into effect

This by-law shall come into force and take effect immediately upon the approval of the Chair of the Board of Health and the Medical Officer of Health.

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Jan O'Neill, Chair, Board of Health

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Date

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Dr. Ethan Toumishey, Medical Officer of Health & CEO

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Date

**By-Law 2024-04**

A by-law to provide rules governing the proceedings of the Hastings & Prince Edward Counties Health Unit Board of Health

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WHEREAS it is necessary and expedient to establish rules and regulations for governing proceedings of the Board pursuant to the provisions of the Health Protection and Promotion Act (HPPA), the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability 2021, and the Municipal Act, 2001, as amended;

NOW THEREFORE the Board of Health for the Hastings & Prince Edward Counties Health Unit enacts rules governing the proceedings of the Board of Health as follows:

## 1. Definitions

- a) "Agency" means Hastings Prince Edward Public Health;
- b) "Agreement" means the agreement between the City of Belleville, the County of Hastings, the City of Quinte West, and the County of Prince Edward and the Board of Health under the Health Protection and Promotion Act;
- c) "Board" means the Board of Health for the Hastings & Prince Edward Counties Health Unit operating as Hastings Prince Edward Public Health;
- d) "Chair" means the Chair of the Board elected under this by-law or any person presiding at the meeting of the Board and shall include a Presiding Officer;
- e) "City/County" means the Corporation of the City of Belleville, the County of Hastings, the Corporation of the City of Quinte West, the Corporation of the County of Prince Edward;
- f) "Committee" means a Committee of the Board, but does not include the Committee of a Whole;
- g) "Committee of a Whole" means all the members present at a meeting of the Board sitting in Committee;
- h) "Council" means the Council of the City/County;
- i) "Meeting" means a meeting of the Board;
- j) "Member" means a member of the Board;
- k) "Secretary" means the Secretary of the Board of Health, or in their absence, the Medical Officer of Health, or designate.

## 2. General

- 2.1 In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board and in the Committees thereof.
- 2.2 Any procedural matter not covered by this by-law shall be decided by reference to Robert's Rules of Order.

## 3. Meetings of the Board

### 3.1 *Regular Meetings*

- 3.1.1 The regular meetings shall be held at dates and times as determined by resolution of the Board at its ~~first last~~ meeting of the year ~~for the next year~~.
- 3.1.2 The Board by resolution may alter the time, date or place of any meeting.
- 3.1.3 Board meetings shall be held at 179 North Park Street, Belleville, Ontario, unless otherwise specified.
- 3.1.4 Committee meetings shall be held virtually, unless otherwise specified.
- 3.1.5 Location of meetings will be at the discretion of the Board and/or Committee Chair based on agenda items in the meeting.

- 3.1.6 Despite the foregoing, the Chair may authorize a regular or special meeting to be held at another location.

### 3.2 *Special Meetings*

- 3.2.1 A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called for the participating Council(s) or Municipality(ies).
- 3.2.2 A special meeting may be called by the Chair of the Board of Health.
- 3.2.3 Any three Board members, by written communication to the Board Secretary, shall initiate a special meeting.

### 3.3 *Open Meetings*

Except as authorized under this By-law, all Board and Committee meetings shall be open to the public, except that the Board or Committee may hold a closed session to deal with matters qualifying for consideration at a closed session as set out in Section 3.4 of this By-law.

### 3.4 *Closed Sessions*

- 3.4.1 A closed session may be held if the subject matter being considered relates to:
- a. the security of the property of the Board,
  - b. personal matters about an identifiable individual, including Board employees,
  - c. a proposed or pending acquisition or disposition of land by the Board,
  - d. labour relations or employee negotiations,
  - e. litigation or potential litigation, including matters before administrative tribunals, affecting the Board,
  - f. advice that is subject to solicitor-client privilege, including communications necessary for that purpose,
  - g. a matter in respect of which the Board may hold a closed session under another Act,
  - h. information explicitly supplied in confidence to the Board by Canada, a province or a Crown agency,
  - i. a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the 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 Board and has monetary value or potential monetary value,
  - 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 Board,
  - l. education or training of Board Members, and where at the session no Board Member discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the Board or Committee.

- 3.4.2 For any meeting at which there are items to be considered in a closed session, the public agenda for that meeting will provide:
- i. as much information as possible about the nature of each closed session item without jeopardizing the Board's position on the matter or without disclosing any confidential information that may be discussed, and
  - ii. the subsection(s) of the Municipal Act, 2001 or other applicable legislation, which authorizes each item to be considered at the closed session.

#### 4. Officers

##### 4.1 *Election of Officers*

At the first meeting of the Board of Health in each year, the members of the Board shall elect one of the members to be Chair and one to be Vice Chair of the Board for the year [HPPA 57(2)].

##### 4.2 *Duties of the Chair*

- 4.2.1 The Chair shall preside at all Board meetings.
- 4.2.2 When the Chair is unable to act, for any reason, or their office is vacant, or if they refuse to act, the Vice Chair of the Board will act in their place and while so acting, they have, and may exercise, all the rights, powers and authority of the Board Chair.
- 4.2.3 When the Chair and Vice Chair are both absent, the Board, by resolution, may appoint one of its members to act as Presiding Officer in their place and stead, and while so acting, they have, and may exercise, all the rights, powers and authority of the Board Chair.
- 4.2.4 Notwithstanding Sections 4.2.2 and 4.2.3, the Chair may delegate a Board member to act on their behalf, when necessary, for other responsibilities of the Chair.
- 4.2.5 The Chair shall:
- i. open the Board meeting by taking the chair and calling the Board members to order, and shall announce the business before the Board in the order in which it is to be acted upon,
  - ii. receive and submit, in the proper manner, all motions presented by Board members,
  - iii. put to vote all questions that are regularly moved and seconded, or necessarily arise in the course of proceedings, and to announce the result,
  - iv. decline to put to vote motions that infringe the rules of procedure,
  - v. restrain the Board members, within the rules of order, when engaged in debate,
  - vi. enforce, on all occasions, the observance of order and decorum among the Board's members,
  - vii. expel or exclude from any meeting any person who has been guilty of improper conduct at the meeting,

- viii. receive all messages and other communications and announce them to the Board,
- ix. authenticate, by their signature, when necessary, all by-laws, resolutions, and minutes of the Board,
- x. inform the Board, when necessary or when referred to for the purpose, on a point of order or usage,
- xi. represent and support the Board, declaring it's will, and implicitly obeying its decisions in all things,
- xii. ensure the decisions of the Board are in conformity with the laws and by-laws governing the activities of the Board,
- xiii. adjourn the meeting when the business is concluded, and
- xiv. adjourn the meeting without question in the case of grave disorder arising in the Board's meeting room.

4.2.6 The Chair is a voting member of the Board.

4.2.7 If the Chair desires to leave the chair for the purpose of taking part in the debate, or otherwise, they shall call on the Vice Chair, or in their absence, one of the other Board members, to fill their place until they resume the chair.

### 4.3 *Vice Chair*

The Vice Chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

## 5. Order of Business

5.1 The Order of Business for regular meetings of the Board shall be:

1. Call to Order
2. Roll Call *(if required)*
3. Land Acknowledgment Statement
4. Disclosure of Pecuniary Interest and the General Nature Thereof
5. Elections
6. Approval of the Agenda
7. Closed Session
8. Motions Arising from Closed Session
9. Approval of the Minutes of the Previous Board Meeting
10. Business Arising from the Minutes
11. Deputations
12. Committee Reports
13. Report of the Medical Officer of Health
14. Staff Reports
15. Correspondence and Communications
16. New Business
17. Information Items
18. Date of the Next Meeting
19. Adjournment

5.2 For special meetings, the agenda shall be prepared as provided in Section 5.1, so far as is applicable.

- 5.3 The business of each meeting shall be taken up in the order in which it stands upon the agenda, unless otherwise decided by the Board.
- 5.4 No other matters except for those on the agenda shall be dealt with unless there is majority support of the Board.

## 6. Opening Procedure and Quorum

- 6.1 A majority of the members of the Board of Health constitutes a quorum of the Board.
- 6.2 As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board or Vice Chair, or person appointed to act in their place and stead, shall take the chair and call the members to order.
- 6.3 If there is no quorum within thirty (30) minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present and the meeting shall then adjourn until the next day of meeting.
- 6.4 Upon any member directing the attention of the Chair to the fact that a quorum is not present, the Secretary, at the request of the Chair, shall, within three (3) minutes following such request, record the names of those members present and advise the Chair if a quorum is or is not present.
- 6.5 Board members are expected to attend all scheduled in-person meetings but may participate electronically in both open and closed meetings when circumstances such as illness or disability prevent attending in person.

A member participating electronically may be counted in determining whether or not a quorum of members is present at any time during the meeting. [MA Section 238(3.5)]

Electronic participation may only be considered when such telephone or electronic means permits all persons participating in the meeting to communicate adequately with each other during the meeting.

- 6.6 Where the number of members who, by reason of the provisions of the Municipal Conflict of Interest Act, are disabled from participating in a meeting is such that at that meeting the remaining members are not of sufficient number to constitute a quorum, then, despite any other general or special Act, the remaining number of members shall be deemed to constitute a quorum, provided such number is not less than two. [MCIA Section 7(1)]

## 7. Addressing the Board and Conduct of Visitors

- 7.1 No person, except Board members and officers of the Board, shall be allowed to sit at the Board table during meetings, without permission of the Board.
- 7.2 Each deputation will be allowed a maximum of one speaker for a maximum of ~~fifteen~~ **fifteen** ten (10) ~~(15)~~ minutes.
- 7.3 The Board shall render its decision in each case in an expedient manner after deputations have been heard.

## 8. Conduct of Members

- 8.1 Unless excused by the Board Chair, board members are expected to attend 100% of the regularly scheduled meetings of the Board or a Committee of which they are a member or, if unable to attend in person, inform the Board Chair and/or the Chair of

the appropriate Committee and the Board Secretary as early as possible (preferably at least 48 hours in advance of the meeting).

Any attendance concerns will be addressed during an in-camera session and appropriate action will be taken at the discretion of the Board Chair.

8.2 A member shall not:

- a) use offensive words or unparliamentary language at Board Meetings,
- b) disobey,
  - i. the rules of the Board,
  - ii. a decision of the Chair or of the Board on questions of order or practice that are in response to a parliamentary inquiry,
  - iii. a decision of the Chair upon the interpretation of the rules of the Board, rules of order or practice, except that a member may lodge an appeal of the Chair's decision which, upon seconding, is put to the floor to be decided by a vote to sustain the Chair's decision,
- c) leave their seat or make any noise or disturbance while a vote is being taken and until the result is declared, or
- d) interrupt a member while speaking except to raise a point of order.

8.3 In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair, without debate, shall put the question "Shall the member be ordered to leave their seat for the duration of the meeting?"

8.4 If the Board votes in the affirmative, the Chair shall order the member to leave their seat for the duration of the meeting.

8.5 If the member apologizes, the Chair, with the approval of the Board, may permit the member to resume their seat.

## 9. Disclosure of Pecuniary Interest

9.1 A member shall disclose a conflict of interest in accordance with the Municipal Conflict of Interest Act, including the Duty of Member section:

- i. shall, prior to any consideration of the matter at the meeting, disclose the interest and the general nature thereof,
- ii. shall not take part in the discussion of, or vote on, any question in respect of the matter, and
- iii. shall not attempt in any way whether before, during or after the meeting to influence the voting on any such question. [MCIA Section 5(1)]

9.2 If the conflict under Subsection 9.1 above is with respect to an item on a closed session agenda, in addition to complying with the requirements of Subsection 9.1 above, the member shall forthwith leave the closed session or that part of the closed session during which the matter is under consideration. [MCIA Section 5 (2)]

9.3 Every declaration of interest and the general nature thereof made under Section 5 shall, where the meeting is open to the public, be recorded in the minutes of the meeting by the Secretary. [MCIA Section 6 (1)]

9.4. Every disclosure of interest made in a closed session shall be recorded in the minutes of the next meeting that is open to the public but not the general nature of that interest [MCIA Section 6 (2)].



- 9.5 When the interest of a member has not been disclosed as required by Subsection 9.1 above, by reason of the member's absence from the meeting referred to therein, the member shall disclose the interest and otherwise comply with Subsection 9.1, above, at the first meeting of the Board attended by the member after the meeting referred to in Subsection 9.1.
- 9.6 At a meeting at which a member discloses an interest, or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature with the Board Chair or the Secretary, as the case may be. [MCIA Section 5.1]
- 9.7 Where a member, either on his or her own behalf or while acting for, by, with or through another, has any pecuniary interest, direct or indirect, in any matter that is being considered by an officer or employee of the City/County or Board, or by a person or body to which the City/County or Board has delegated a power or duty, the member shall not use his or her office in any way to attempt to influence any decision or recommendation that results from consideration of the matter. [MCIA Section 5.2]

## 10. Questions of Privilege and Points of Order

- 10.1 When a member desires to address the Board upon a matter that concerns the rights or privileges of the Board collectively, or as a member thereof, they shall be permitted to raise such matter of privilege, and a matter of privilege shall take precedence over other matters.
- 10.2 When a member desires to call attention to a violation of the rules of procedure, they shall ask leave of the Chair to raise a point of order, and after leave is granted, they shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.
- 10.3 Unless a member immediately appeals to the Board, the decision of the Chair is final.
- 10.4 If the decision is appealed, the Board shall decide the question without debate, and its decision shall be final.
- 10.5 When the Chair calls a member to order, they shall immediately cease speaking until the point of order is dealt with, and they shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

## 11. Rules of Debate

- 11.1 Every member, prior to speaking to any question or motion, shall respectfully address the Chair.
- 11.2 When two or more members ask to speak, the Chair shall name the member who, in their opinion, first asked to speak.
- 11.3 A member may speak more than once on a question but, after speaking, shall be placed at the foot of the list of members wishing to speak.
- 11.4 No member shall speak to the same question at any one time for longer than five (5) minutes, except the Board, upon motion, may grant extensions of time for speaking of up to three (3) minutes for each time extended.
- 11.5 When it is a member's turn to speak, before speaking, they, through the Chair, may ask questions of the Medical Officer of Health to obtain information.

- 11.6 Subject to this section, no member may ask a question of the previous speaker except with the consent of the Chair.
- 11.7 A member's question shall not be ironical, rhetorical or offensive; contain epithet, innuendo, satire or ridicule; be trivial, vague or meaningless; or contain both questions and answers.
- 11.8 Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.
- 11.9 Every motion shall be moved and seconded, and may be written or verbal at the option of the Board.
- 11.10 Every motion shall be deemed to be in the possession of the Board for debate after it is presented by the Chair, but with permission of the mover and seconder, it may be withdrawn at any time before amendment or decision.
- 11.11 When a matter is under debate, no motion shall be received other than a motion:
  - a. to adopt,
  - b. to amend,
  - c. to defer action,
  - d. to refer,
  - e. to receive,
  - f. to adjourn the meeting,
  - g. that the vote now be taken, or
  - h. to give direction or instructions to officers, employees, or agents of the Board or persons retained by or under contract with the Board.
- 11.12 A motion to defer or refer shall take precedence over any other amendment.
- 11.13 When a motion that the vote be taken immediately is presented, it shall be put to a vote without debate. As such a motion limits debate, it requires a two-thirds vote of the members present to be carried, and if carried, the motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.
- 11.14 A motion relating to a matter not within the jurisdiction of the Board shall not be in order.
- 11.15 Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment has been disposed of, another may be introduced and when an amendment has been decided, another may be introduced.
- 11.16 The amendment to the amendment, if any, shall be voted on first; then, if no other amendment to the amendment is presented, the amendment shall be voted on next; then, if no other amendment is introduced, the main motion, or if any amendment has been carried, the main motion, as amended, shall be put to a vote.
- 11.17 Nothing in this section shall prevent other proposed amendments from being read, for the information of the members.
- 11.18 When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.

- 11.19 After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment, or sub-amendment.
- 11.20 A motion to adjourn the Board Meeting shall be in order except:
- i. when a member is in possession of the floor,
  - ii. when it has been decided that the vote be taken immediately, or
  - iii. during the taking of a vote.

## 12. Voting

- 12.1 The manner of determining the decision of the Board on a motion shall be by show of hands.
- 12.2. During a meeting of the Board, when a member present requests a recorded vote on a motion, all members present shall vote, when polled by the Secretary, by verbally indicating being in favour of or opposed to the motion, and the Secretary shall record the results of the vote in the minutes.
- 12.3 The Chair shall conduct the recording of votes of all members in consecutive alphabetical order, with the exception of the Chair, who votes last.
- 12.4 A member may request a recorded vote immediately prior to or immediately subsequent to the taking of a vote on a motion.

## 13. Communications

- 13.1 Every communication to be presented to the Board must be legibly written or printed and must not contain any impertinent or improper matter, and shall be signed by at least one person.
- 13.2 Every staff report presented to the Board must be in the prescribed format as determined by the Secretary.

## 14. Closed Session

### 14.1 *Order of Business*

14.1.1 The Order of Procedure shall be:

1. Call to Order
2. Disclosure of Pecuniary Interest and the General Nature Thereof
3. Approval of the Agenda
4. Approval of Minutes of Previous Meeting
5. New Business
6. Motion to Return to the Open Meeting

14.1.2 Where the Board elects to go into a closed session in the midst of a regular or special meeting of Board or Committee, the matter(s) to be discussed must be on the public agenda or, if the matter is urgent, added to the public agenda under the provisions of the HPPA and Subsection 5.4, of this by-

law<sup>1</sup> and the Order of Business in the closed session shall be as follows:

1. Disclosure of Pecuniary Interest and the General Nature Thereof
2. Items for Consideration
3. Motion to Return to Open Meeting

#### *14.2 Opening Procedure for Closed Sessions*

Before a meeting is closed, a motion shall be made in the open meeting and carried, identifying:

- i. the fact of holding the closed session,
- ii. the general nature of the items to be discussed, and
- iii. the subsection(s) of the Municipal Act or other applicable legislation, which authorizes each item to be considered at the closed session.

#### *14.3 Disclosure of Pecuniary Interest at Closed Sessions*

Any Member, prior to any consideration of any matter at a closed session, shall disclose any pecuniary interest and the general nature thereof, in accordance with the provisions of Section 9.2.

#### *14.4 Procedures for Closed Sessions*

14.4.1 The rules governing the procedure of the Board and the conduct of members shall be observed in closed sessions.

14.4.2 No matter shall be discussed at a closed session that is not consistent with the motion to go into closed session, which was adopted during the opening procedure.

14.4.3 If a matter arises in a closed session that a member feels is not appropriate to consider in closed session, the member shall be provided the opportunity to explain their reasons and to persuade the Board to have the matter discussed in an open meeting.

Where, following such endeavour the majority of the Board believes the matter is to be considered in closed session, the member may withdraw from the meeting room during consideration of the matter, and the Secretary shall so note in the minutes.

14.4.4 Once in a closed session, no item may be added to the agenda for that closed session.

14.4.5 No motions shall be made in closed session, except for procedural matters or for giving direction or instructions to a Committee, officers, employees or agents of the Board or persons retained by or under contract with the Board.

14.4.6 A meeting shall not be closed to the public during the taking of a vote.

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<sup>1</sup> No other matters except for those on the agenda shall be dealt with unless there is majority support of the Board.

- 14.4.7 Despite Subsection 14.4.6 above, during a closed session, a vote may be taken for a procedural matter or for giving directions or instructions to a Committee, officers, employees or agents of the Board or persons retained by or under contract with the Board.

#### *14.5 Closed Session Agendas and Minutes*

- 14.5.1 The Secretary shall prepare an agenda for the closed session in accordance with the Order of Business, Subsection 14.1.1, which shall include a list of items to be considered.
- 14.5.2 The Secretary shall circulate the closed session agenda to all members of the Board and to such staff as directed by the Chair.
- 14.5.3 The closed session's agenda and attachments shall be clearly identified as "Confidential."
- 14.5.4 Minutes shall be kept of all closed sessions, identifying the members present and absent, the officers present, in the same fashion as those kept for open meetings; they shall correspond directly to the prepared closed session agenda; they shall identify any deviation from the agenda or the motion to go into closed session made at the open meeting; and they shall note any direction or instructions given.

#### *14.6 Closed Session Confidentiality*

- 14.6.1 No member of the Board shall distribute any reports or items, or disclose the nature or content of discussions regarding any matters that are part of a closed session agenda without the prior approval of the Board or Committee.
- 14.6.2 The Secretary shall be responsible ~~to maintain~~ **for maintaining** a confidential copy of all agendas and minutes of closed sessions.

#### *14.7 Attendance at Closed Session*

- 14.7.1 All members of the Board may attend a closed session, except as provided for in Section 9.2.
- 14.7.2 The Secretary shall attend all closed sessions, or as directed by the Chair of the Board.
- 14.7.3 Attendance at closed session by officers, employees or agents of the Board or persons retained by or under contract with the Board, shall be at the discretion of the Chair. The Medical Officer of Health has the right to attend all closed sessions, except those in which their performance or remuneration is discussed, as provided in the HPPA s 70.

### 15. By-Laws

- 15.1 The meeting agenda shall list all proposed by-laws to be placed before the Board for consideration.
- ~~15.2 The head note only of the by-law shall be read if requested, and a by-law shall not be enacted until it has been approved by resolution of the Board of Health.~~

### 16. Notice

- 16.1 The Secretary shall give notice of each regular meeting of the Board and each Committee to the public, members thereof, the Medical Officer of Health and to the management of the Agency concerned with such meeting, not later than three (3) days previous to the day of the meeting.
- 16.2 The Secretary shall give notice of each special meeting of the Board and each Committee to the public, members thereof, the Medical Officer of Health and to the management of the Agency concerned with such meeting not later than two (2) days previous to the day of the meeting.
- 16.3 The Secretary shall give notice of each regular and special meeting of the Board and each Committee to the public by posting such notice on the Board of Health's website and making it available for public viewing at the Main Office at 179 North Park Street, Belleville, Ontario.
- 16.4 The notice shall be accompanied by the agenda and any other matter, so far as known, to be brought before such a meeting.
- 16.5 The notice shall be delivered to each member, by hard copy or by electronic means.
- 16.6 The notice calling a special meeting of the Board shall state the business to be considered at the special meeting; no business other than that stated in the notice shall be considered at such a meeting except with the majority consent of the members present and voting.
- 16.7 Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.

## 17. Duties of the Secretary

- 17.1 The Secretary, in consultation with the Chair, shall have prepared an agenda for the use of the members at all meetings of the Board in accordance with the Order of Business as set out in (5.1) of this by-law.
- 17.2 The Secretary shall prepare and maintain Minutes of all Board meetings, to include:
  - i. the place, date and time of the meeting,
  - ii. the beginning and ending time of meetings,
  - iii. the names of Presiding Officer and members of the Board and record of attendance of the members,
  - iv. the names of officers present,
  - v. any disclosure of pecuniary interest declared by any member and the general nature thereof,
  - vi. a record of each item for consideration,
  - vii. all motions and disposition of each on each item,
  - viii. the names of deputations, and
  - ix. all other proceedings of the meeting without note or comment.
- 17.3 The Secretary shall maintain a record of all minutes of meetings that shall be signed by the Chair upon approval of same by the Board, which, with the exception of minutes of closed sessions, shall be posted on the Board of Health's website and available for public viewing at the Main Office at 179 North Park Street, Belleville, Ontario.

## 18. Appointment, Organization and Conduct of Committees

- 18.1 At the first meeting in any year, the Board shall appoint members to the Standing Committees of the Board.
- 18.2 The Board may appoint representatives to requested bodies or commissions and Committees from time to time to consider such matters as specified by the Board.
- 18.3 The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.
- 18.4 Notwithstanding Subsection 18.3, Section 14 of this by-law regarding closed sessions, shall be observed in the Committees.
- 18.5 It shall be the duty of the Committee to report to the Board on all matters referred to it and to recommend such action as it deems necessary.

## 19. Corporate Seal

The Corporate Seal of the Board shall be in the form impressed herein and shall be kept by the Secretary of the Board.

## 20. Execution of Documents

The Board at any time may direct the manner in which and delegate the person or persons who may sign on behalf of the Board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

## 21. Interpretation

- 21.1 Where there is conflict between any part of this by-law and any Statute or regulation, the Statute or regulation shall take precedence.
- 21.2 If a court or tribunal of competent jurisdiction declares any portion of this by-law to be illegal or unenforceable, that portion of this by-law will be considered severed from the remainder of this by-law, which shall continue to be in full force and effect.

## 22. By-Laws Rescinded

- 22.1 All previous by-laws to regulate the proceedings of the Board of Health are hereby rescinded.
- 22.2 This by-law shall come into force and take effect immediately upon approval thereof.

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Jan O'Neill, Chair, Board of Health

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Date

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Dr. Ethan Toumishey, Medical Officer of Health & CEO

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Date

## BOARD POLICIES AND PROCEDURES

### Accountability and Transparency

#### **PURPOSE:**

1. To provide a process for the Board of Health (Board) to ensure the two main pillars of good governance—accountability and transparency—as outlined in the Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability, and as defined below—are incorporated into the activities of the Board; the appointed committees and sub-committees; the administration of the Agency; and the relationship between the Board and the Ministry of Health (Ministry).
  - a. Accountability ensures members of the Board accept responsibility for their actions and openly disclose the reason(s) that justify those actions.
  - b. Transparency implies honesty and openness, allowing outside parties to freely observe how decisions are made and implemented.
2. This policy also meets the requirement in the Municipal Act 2001 to adopt and maintain policies to ensure that a local Board is accountable to the public for its actions and the manner in which the Board will try to ensure that its actions are transparent to the public.

#### **APPLICABILITY:**

1. The Public Health Accountability Framework articulates the scope of the accountability relationship between the Board and the Ministry and establishes expectations in four (4) domains:
  - a. Delivery of Programs and Services,
  - b. Fiduciary Requirements,
  - c. Good Governance and Management Practices, and
  - d. Public Health Practice.
2. The Transparency Framework: Disclosure and Reporting Requirements articulates the expectations of public disclosure by boards of health to support enhanced transparency and promote awareness, understanding and public confidence in Ontario's public health system in two domains:
  - a. Protecting the Public's Health, and
  - b. Public Reporting.
3. This policy applies to the Board, all appointed committees and sub-committees of the Board.

#### **POLICY:**

1. The Board shall:
  - a. conduct themselves with accountability and transparency in all proceedings and business matters, and
  - b. comply with the requirements of Board Policies, By-Laws, relevant legislation and the OPHS; Requirements for Programs, Services, and Accountability and ensure public access to key organizational documents that demonstrate responsible use of public funds and information to allow the public to make informed decisions about their health.



**PROCEDURE:**

1. Accountability to the Ministry by the Board will be demonstrated through the submission of planning and reporting tools, including the Board Annual Service Plan and Budget Submission, Performance Reports, and Annual Report, to demonstrate the Board is meeting defined expectations and providing appropriate oversight for public funding and resources.
2. Accountability and transparency in the decision-making processes of the Board will be implemented by making the activities and practices that are currently in place, or are in process, available and accessible for review to the public on the Hastings Prince Edward Public Health (HPEPH) website, or, upon request, from the Executive Assistant to the Medical Officer of Health. This will include, but is not limited to, the following:
  - a. Annual Report,
  - b. Audited Financial Statements,
  - c. Strategic Plan,
  - d. Population Health Assessment,
  - e. Results of routine and complaint-based inspections, convictions of tobacco and e-cigarette retailers, infection prevention and control lapses, drinking water advisories for small drinking water systems, and beach water quality reports,
  - f. Notices, Agendas, Attachments and Minutes of all Board meetings, with the exception of those meetings that are closed subject to the provisions of the Municipal Act and the Procedure By-law, and
  - g. Other special reports, dashboard, summaries or documents outlining the processes, activities, and program outcomes of the organization, deemed necessary by the Board to ensure the principle of accountability and transparency, i.e. programs and activities to improve the health of HPEPH communities and the dissemination of public health information.

## Appointment of External Advisors

### **PURPOSE:**

To outline the process for appointing external advisors to provide specialized professional services or advice on matters pertaining to the Board of Health's (Board) oversight, accountability, and stewardship responsibilities.

### **POLICY:**

1. External advisors may be retained by the Medical Officer of Health (MOH) or designate, as required, subject to the availability of budget and applicable procurement policies of the organization.
2. Such advisors may include, but are not limited to the following:
  - a. Legal Counsel,
  - b. Financial Advisors, Accountants or Auditors,
  - c. Engineers or Property Managers, and
  - d. Management and Human Resource Consultants.
3. External advisors will be licensed under the appropriate governing body, where such exists, and will be at arm's-length from the members of the Board.

### **PROCEDURE:**

External advisors, within their area of expertise, shall:

- a. Perform duties as may be required by the Board or the MOH or designate.
- b. Have a right to access, as required, during reasonable hours, to all books, records, documents, accounts, and vouchers of the Board.
- c. Be entitled to require from the members of the Board and from the officers of the Board such information and explanations as, in their opinion, may be necessary to enable them to carry out such duties as are prescribed by the appointment.
- d. Be entitled to attend any meeting of the members of the Board and to receive all notices relating to any such meetings that any member is entitled to receive, and to be heard at any such meeting that they attend on any part of the business of the meeting that concerns their area of professional expertise.
- e. Complete an Oath of Confidentiality and Statement of Privacy, if deemed appropriate.
- f. Enter into a Contract for Service, as deemed appropriate.
- g. Be regularly evaluated for the quality of service in relation to the contract terms and receive clear expectations and performance feedback.

## Board Representation at External Functions

### **PURPOSE:**

To outline how Board of Health (Board) members represent the Board at identified ministry or inter-agency bodies or functions. This policy is not intended to cover general training events such as the aPHa conference or symposiums but rather the appointment of a specific Board member to represent the Board as requested for inter-agency bodies or functions.

### **POLICY:**

The Board, or Chair of the Board, may appoint specific Board members to act as representatives at identified Ministry of Health or inter-agency bodies or functions.

### **PROCEDURE:**

1. The Board may appoint members by resolution at a scheduled Board meeting. Appointments may also be completed at the discretion of the Chair with a documented resolution at the next scheduled Board meeting.
2. Appointed Board members shall:
  - a. Represent the Board in a judicious manner.
  - b. Whenever possible, defer to the Medical Officer of Health or designate all questions relating to operations of the Agency including media questions.
  - c. Provide the Board with a verbal, or where requested, a written report of the events, discussions and decisions of such bodies or functions at the next meeting of the Board that the member attends, or at an earlier time, if requested by the Board.
  - d. Seek input as required from the Board of Health.
3. The appointee(s) may attend such meetings or functions at the Board's expense unless reimbursement is handled by the sponsoring body.
4. Reimbursement of expenses for attendance at external functions and conferences will be in accordance with the Board Remuneration and Reimbursement of Expenses Policy.

## Board of Health Confidentiality

### **PURPOSE:**

1. To outline the process for establishing a formal agreement for confidentiality amongst members of the Board of Health (Board) in the interest of upholding the confidentiality and privacy policies and procedures of the Municipal Act, Hastings Prince Edward Public Health (HPEPH), the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and the Personal Health Information Protection Act (PHIPA) with respect to the handling of any confidential, personal and personal health information.
2. To ensure that such information is safeguarded from disclosure to anyone other than to those with legal or statutory authority to be privy to any such information.

### **POLICY:**

1. All Board members shall review and sign the HPEPH approved Board of Health Statement of Confidentiality (as per attached Appendix).
2. The signed statements will be kept on file by the Executive Assistant (EA) to the Medical Officer of Health (MOH) or designate.

### **PROCEDURE:**

1. The EA to the MOH or designate will provide the Statement of Confidentiality form to Board members for signatures at the first meeting attended by each individual member.
2. All Board members will sign the statement and return it to the EA to the MOH, or designate, for filing.

### **ATTACHMENTS:**

Appendix – Board of Health Statement of Confidentiality

## Board of Health Statement of Confidentiality

**Board of Health Statement of Confidentiality**

I acknowledge that, in the course of fulfilling my duties on the Board of Health (Board) for Hastings Prince Edward Public Health (HPEPH), I may receive or have access to information that is confidential to HPEPH or is identifiable regarding the personal / personal health information of an employee of the Board, a fellow member of the Board, an HPEPH client, or a partner agency having business with HPEPH.

This information may come to me either directly, in my capacity as a member of the Board, or indirectly, as a result of my proximity to a HPEPH employee; Board member; member of the public; government representative or agency; member of the media; or a person associated with a health, community, law enforcement, or other partner agency.

I further acknowledge that, as a member of the HPEPH Board of Health, and in the interest of upholding privacy policies and procedures of HPEPH, the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), and the Personal Health Information Protection Act (PHIPA), with respect to the handling of any confidential, personal and personal health information, I have a professional and ethical obligation to take all necessary steps to ensure that such information is safeguarded from disclosure to anyone other than to those with legal or statutory authority to be privy to any such information.

Having read the preceding statement and understanding my obligations as a member of the Board of Health for HPEPH, I state that during the tenure of, and following the conclusion of my appointment to the Board, I shall keep all information confidential and comply with the privacy policies and procedures of the Municipal Act, **HPPA**, MFIPPA, and PHIPA (where applicable), respecting HPEPH clients, personnel, collective bargaining, legal, and other matters specifically determined by Board motion to matters of confidence, including matters dealt with during closed meetings of the Board.

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 Signature, Board of Health Member

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 Date

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 Name of Board of Health Member *(please print)*

## Board of Health Self-Evaluation Process

### **PURPOSE:**

To outline the Board of Health's (Board) **self-evaluation** process for its governance practices.

### **POLICY:**

1. The Board shall complete an internal evaluation of its governance practices every two years.
2. The evaluation results will be reviewed by the Board and a list of recommendations for improvement in Board effectiveness will be developed as required.

### **PROCEDURE:**

1. The Self-Evaluation Process will be completed during the first and third year after municipal elections.
2. The Executive Assistant (EA) to the Medical Officer of Health (MOH) will forward each member of the Board the Evaluation Survey no later than September 30 of the evaluation year.
3. Board members will complete the survey, either electronically or in hard copy, by October 30 of the evaluation year and return the survey to the EA to the MOH.
4. The EA to the MOH will tabulate the results and forward to the Board to inform the future work of the Board no later than November 30 of the evaluation year.
5. The Board shall discuss the results at the next scheduled Board meeting.

## Conflict of Interest

### **PURPOSE:**

To provide clear expectations and direction for disclosing and managing a conflict of interest whether actual, potential or perceived and to ensure Board of Health (Board) decisions are made with integrity, independence, impartiality and accountability at all times.

### **POLICY:**

1. Board members shall comply with the conflict of interest provisions of the Municipal Act and Municipal Conflict of Interest Act regarding any real, possible or perceived conflict of interest situations and disclosure of such conflicts. Pecuniary interests shall be reported in accordance with By-Law Number 2022-04 (Section 9) of Hastings Prince Edward Public Health (HPEPH).
2. Board members shall act in the best interests of HPEPH at all times and shall not use their position for personal benefit, financial gain or other business interests in order to ensure Board duties are performed with integrity and impartiality in a manner that will bear public scrutiny.

### **PROCEDURE:**

1. Board members will follow the disclosure of pecuniary interest provisions in By-Law Number 2022-04 (Section 9) of HPEPH as required.
2. In circumstances where Board members are unsure of the declaration of any conflict of interest, the member is encouraged to identify the issue with the Chair of the Board. The Chair cannot provide a recommendation but may provide direction regarding the Municipal Act and Municipal Conflict of Interest Act.

## Delegation of Medical Officer of Health Duties

### **PURPOSE:**

To determine the protocol for delegation of the duties of the Medical Officer of Health (MOH) in the event they are unable to perform their duties during a short period of absence.

### **POLICY**

1. During the absence of the MOH, the delegation of MOH duties shall automatically be assumed by an existing Associate Medical Officer of Health (AMOH), if available.
2. In the event there is not an available AMOH, the MOH shall ensure that a reciprocal aid agreement is in place with a roster of Medical Officers of Health from neighbouring Boards of Health. In the event of a short period of absence, the MOH shall inform the Board of Health (Board) as soon as feasible and shall ensure that a replacement MOH is secured through the reciprocal aid agreement.
3. In the event the MOH is incapacitated to the extent that communication with the Board is not possible, the Director of Corporate Services shall immediately advise the Board and make arrangements for a replacement MOH through the reciprocal aid agreement.
4. For an extended period of absence of the MOH, the Board shall work with the Director of Corporate Services and Ministry of Health (Ministry) to ensure the appointment of an Acting MOH as per the MOH-Recruitment, Appointment, Duties and Remuneration policy. Such appointment shall be in compliance with the requirements of the Health Protection and Promotion Act (HPPA), and the Ministry policy framework on MOH appointments, reporting and compensation.

### **PROCEDURE:**

1. The MOH will ensure that a reciprocal aid agreement from neighbouring Boards of Health is in place with a roster of MOHs.
2. For planned, short-term absences, the MOH will arrange for the appointment of an Acting MOH from the roster and will communicate the appointment to the Board, Executive Team and the On-Call roster.
3. In the event of an unplanned short-term absence, the Director of Corporate Services will arrange for the appointment of an Acting MOH from the roster and will communicate the appointment to the Board of Health and agency as required.
4. In the event of an extended period of absence where an Acting MOH is not available through the roster, the Board shall solicit and appoint an Acting MOH in compliance with the MOH - Recruitment, Appointment, Duties and Remuneration policy.
5. An Acting Medical Officer of Health shall perform the duties and has authority to exercise the powers of the MOH of the Board, as per the HPPA.
6. When an Acting MOH has been appointed, the administrative duties of the MOH may be delegated to the Director of Corporate Services on an ad hoc basis.



## Medical Officer of Health: Remuneration

### **PURPOSE:**

To outline the remuneration process for the Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) at Hastings Prince Edward Public Health (HPEPH).

### **POLICY:**

1. The remuneration of the MOH/AMOH shall be consistent with the current Ministry policy framework on MOH/AMOH appointments, reporting and compensation. The framework provides a salary grid, stipends and expectations for the MOH/AMOH positions and reflects the agreement between the Ontario Medical Association and the Ministry of Health.
2. The Board shall determine an appropriate base salary for the MOH/AMOH and shall apply for the Compensation Initiative in accordance with the timing and terms of the Ministry. The base salary for the MOH/AMOH will be adjusted by any economic increases provided to management staff at HPEPH.
3. The Board Chair and Vice Chair shall be responsible for overseeing the total compensation package for the MOH/AMOH and any changes to the terms and conditions of employment.

### **PROCEDURE:**

1. The Director of Corporate Services will work with the Board to ensure a remuneration process and plan consistent with the Ministry policy framework on MOH/AMOH compensation.

## Medical Officer of Health: Recruitment and Contractual Arrangements

### **PURPOSE:**

To outline the process for the recruitment and contractual arrangements when replacing the Medical Officer of Health (MOH) or an Associate Medical Officer of Health (AMOH) at Hastings Prince Edward Public Health (HPEPH).

### **POLICY:**

When the MOH has resigned, has been terminated or is on an extended leave of absence, the Board of Health (Board) shall undertake to appoint a replacement as judiciously as possible.

Such appointments shall be undertaken in consultation with the Ministry of Health (Ministry) and shall be in compliance with the requirements of the Health Protection and Promotion Act (HPPA), and the Ministry policy framework on MOH/AMOH appointments, reporting and compensation.

The Board shall identify a hiring committee and work with HPEPH staff to ensure a recruitment process is implemented in a timely manner.

### **PROCEDURE:**

1. The Board shall identify the process for recruitment in consultation with the Ministry.
2. The Director of Corporate Services and/or Human Resources Manager may assist the Board in the process of the MOH/AMOH recruitment as requested. Additionally, the Board may retain an executive search consultant to assist with the recruitment process.
3. For the MOH an ad hoc Hiring Committee composed of the Chair, Vice Chair, and up to two additional members of the Board shall conduct interviews and make a recommendation for hiring of the MOH to the Board.
4. For the AMOH, an ad hoc Hiring Committee composed of the Chair or Vice Chair and an additional member of the Board shall conduct interviews and make a recommendation for hiring of the AMOH to the Board. The AMOH will also participate in the recruitment of the AMOH.
5. The Director of Corporate Services shall prepare an offer of employment, including all terms and conditions of employment. Such contract will be subject to legal advice and approval of the Board or designated Hiring Committee.
6. HPEPH shall submit the required documentation for the appointment of the new MOH/AMOH to the Ministry.
7. The Board shall ensure a Communication Plan is developed and implemented to announce the appointment of the new MOH/AMOH to staff, clients, key stakeholders, community partners and the general community.

## Orientation and Education of the Board of Health

### PURPOSE:

To ensure members of the Board of Health (Board) have the knowledge necessary to understand their roles and their responsibilities to the Board and to Hastings Prince Edward Public Health (HPEPH) as an organization and to effectively discharge their duties, as soon as practical following their appointments and throughout their term as a Board member.

### POLICY:

1. Orientation of new members of the Board will be provided to increase understanding of public health within the context of Hastings and Prince Edward Counties and the Province of Ontario.
2. Board members will be encouraged to:
  - a. attend and provide feedback on the orientation and education process
  - b. take advantage of external training and educational opportunities related to public health governance, and
  - c. identify areas where additional training would be beneficial
3. New members of the Board will substantially complete their formal orientation within three (3) months of their appointment to the Board.

### PROCEDURE

1. Upon appointment, new members will be provided with a Board **Orientation Manual of Health Handbook**.
2. Updates to the manual will be provided throughout the term as new and relevant information is received.
3. An Orientation Session will be conducted by the Medical Officer of Health (MOH) and any other appropriate staff, as determined by the MOH.
4. The MOH shall arrange for additional orientation to particular aspects of HPEPH operations for one or more members of the Board, or the entire Board, upon request.
5. Orientation will include information such as:
  - a. Structure, vision, mission, goals and objectives of the Board and HPEPH,
  - b. Community demographics and their impact on HPEPH operations,
  - c. History of public health, generally, and in the province of Ontario,
  - d. Provincial government structure as it pertains to the Board and the involvement, jurisdiction, and funding streams of the involved ministries,
  - e. Relevant documents, e.g. Board Policies & Procedures and By-Laws, Ontario Public Health Standards, pertinent legislation,
  - f. Background, purpose and utilization of the land acknowledgment and how it relates to the work of HPEPH.
  - g. Duties, responsibilities, and legislated conditions of service of Board members,
  - h. The importance and potential use of Board Competencies,
  - i. Roles and relationships amongst the Board, the MOH, and the HPEPH Executive Team,

- j. Relationship with the member municipalities, their financial obligations, and funding arrangements,
  - k. Board members' fiduciary responsibilities, and
  - l. Issues that are current for the Board and HPEPH operations, programs and services.
6. Board members will be encouraged to participate in educational opportunities offered through the Association of Local Public Health Agencies (alPHA) or other providers of governance training. Registration details of external training will be facilitated through the Executive Assistant to the MOH.
7. Board members will receive on-going education about HPEPH programs and services through management and staff presentations at Board meetings.

## Performance Review of the Medical Officer of Health

### **PURPOSE:**

To outline the performance review process for the Medical Officer of Health (MOH).

### **POLICY:**

1. The Board of Health (Board) for Hastings Prince Edward Public Health (HPEPH) recognizes that regular performance reviews are an important component of leadership development and accountability.
2. The performance of the MOH will be reviewed and evaluated with respect to the goals and directions specified in the organization's Strategic Plan, Ministry of Health Performance Indicators, the Board's approved policies, and the goals for the MOH established collaboratively by the MOH and the Board.

### **PROCEDURE:**

1. The Board will conduct a performance appraisal on an annual basis. Interim guidance and feedback will be provided between formal reviews.
2. The Chair and Vice Chair of the Board will be responsible for arranging and conducting the performance appraisal.
3. The performance appraisal will be conducted using an agreed upon and appropriate tool, such as the one designed by the Association of Local Public Health Agencies (alPHa).
4. The performance appraisal may include feedback from agreed upon external colleagues, members of the Board, and members of the Executive and Management teams.
5. After feedback has been collected from respondents and collated, a meeting to discuss the performance review with the MOH will be conducted by the Chair and Vice Chair of the Board.
6. Following that meeting, the Board will be informed of the outcomes of the review. This meeting will be closed to the public under the provisions of the Municipal Act and the Proceedings By-Law. The MOH and all staff members will leave the closed session during the ensuing discussion.
7. The Chair shall keep a record of the proceedings of the closed meeting.
8. Following the closed Board discussion, the MOH will be provided with a final version of the performance appraisal in writing, and a copy of the review will be placed in the MOH's personnel file.

## Remuneration & Reimbursement of Expenses for the Board of Health

### PURPOSE:

To outline the process for remuneration and reimbursement of expenses for Board of Health (Board) members.

### POLICY:

1. All members of the Board shall receive remuneration and reimbursement of reasonable and actual expenses related to official Board activity expenses in accordance with the Health Protection and Promotion Act (HPPA). [Subsections 49 (4), (5), (6) and (11)]
2. A Board member, other than the Chair, who is a member of the Council of a municipality and receives annual remuneration / reimbursement expenses by the municipality that appoints them to the Board, is not eligible for such remuneration or reimbursement of expenses by the Board. [Subsection 49 (11)]
3. Approved travel expenses that are not paid by the municipality for business of the Board will be reimbursed to any member who incurs such costs. Such expenses will be reimbursed in accordance with Hastings Prince Edward Public Health (HPEPH) travel reimbursement guidelines.

### PROCEDURE:

1. Rate of remuneration
  - a. Payment of remuneration is issued to Board members for attendance at Board of Health and committee meetings, other official meetings of the Board, and for attendance at educational events and conferences or representation at external functions.
    - i. Remuneration in the amount of \$100.00 is paid to eligible Board members per meeting, representation or training event or conferences.
    - ii. The attendance of Board members at meetings will be verified in the respective meeting minutes.
    - iii. Only designated members of Board Committees will be remunerated for attendance at committee meetings.
2. Reimbursement of expenses
  - a. For Board and committee meetings, Board members are responsible for completing the Attendance Record, or if the meeting is conducted virtually, the EA to the MOH will reference the roll call taken for the purpose of completing the Attendance Record.
  - b. Eligible members may also claim **mileage-kilometrage** incurred to attend the meeting on the same Attendance Record. **Mileage Kilometrage** claimed should be limited to the out of pocket cost of driving to the meeting using the most direct route possible to the meeting. **Mileage Kilometrage** is reimbursed for travel from the Board member's home to the Board meeting or function and back to the Board member's home. **Mileage Kilometrage** rates are based on the Canada Revenue Agency **mileage kilometrage** reimbursement rates.
  - c. The EA to the MOH will forward the completed Attendance Record to accounting for processing. Payments are made electronically whenever possible.

- d. Board members will be reimbursed for reasonable expenses incurred for attendance at conferences and training sessions subject to the limitations of the expense policies of HPEPH.
- e. Board members will be provided a copy of the travel expense policies prior to attendance at conferences and training sessions in order to claim for registration fees, accommodation, food, parking, etc. Itemized receipts are required.
- f. Expenses incurred with respect to accompanying spouses at conference events are solely the responsibility of the Board member.

## Strategic Plan

### **PURPOSE:**

To ensure Hastings Prince Edward Public Health (HPEPH) maintains a strategic planning process in order to establish a shared vision for the organization and the identification of strategic priorities.

### **POLICY:**

1. The Board of Health (Board) shall undertake a comprehensive and collaborative strategic planning process every three to five years.
2. The strategic plan will include input from key stakeholders, community partners, clients, and staff and will be designed to express the vision, mission, values and strategic directions of the Board.

### **PROCEDURE:**

1. The Board will develop a strategic planning process every three to five years with the assistance of external expertise and facilitation as required.
2. The Medical Officer of Health will work with the Board to ensure the process results in a plan that includes a compelling vision, mission, goals and strategic directions and is consistent with the requirements of the Ontario Public Health Standards for strategic planning.
3. The Strategic Plan will be reviewed semi-annually by the Executive and Management Teams, and annually by the Board, to evaluate progress and maintain accountability.



## Land Acknowledgement

### **PURPOSE:**

To outline the use of the Hastings Prince Edward Public Health (HPEPH) land acknowledgement at Board of Health meetings and events.

### **POLICY:**

1. The Board of Health (Board) shall open all publicly facing Board Meetings, Committee Meetings, Strategic Planning Processes and community events sponsored by the Board with the approved Board of Health land acknowledgement.

*Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.*

*The land that we preside on today lies on unceded Indigenous territory. Our catchment area is adjacent to the Tyendinaga Mohawk Territory to our east, and the Kijicho Manito Madaouskarini Algonquin First Nation to our north. We recognize that when settlers came to this land they created a legacy of inequities that are ongoing. We are committed to reducing these inequities, and through our work strive to improve health equity.*

*We recognize the importance of the land and environment in establishing and sustaining optimal health, and we vow to respect this land as we undertake our work.*

*Our organization pledges to build relationships with Indigenous friends and neighbours and recognizes the rich contributions they have provided and continue to provide to this region.*

*This acknowledgement is a first step in our ongoing commitment to reconciliation.*

2. An abbreviated land acknowledgement can be used for non-public facing events as deemed appropriate for Board gatherings including closed meetings, press conferences, recruitment processes, etc. Such decision will be at the discretion of the Chairperson residing over the meeting.

*Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.*

### **PROCEDURE:**

1. The Board will read the land acknowledgement at meetings and events as outlined in the policy statement.
2. The Board orientation will include orientation to the background, purpose and utilization of the land acknowledgement and how it relates to the work of HPEPH.
3. The Board agenda package will include the abbreviated land acknowledgement.
4. The land acknowledgement policy will be reviewed as part of the review of the Board governance package.

## Calculation of Municipal Levy

### **PURPOSE:**

The financial requirements of obligated municipalities are set out in Section 72 of the Health Protection and Promotion Act (HPPA) and Ontario Regulation 489/97 (amended to O. Reg 142/05). The purpose of this policy is to specify how Hastings Prince Edward Public Health (HPEPH) allocates the municipal component of the expenses of the Board of Health (Board) among obligated municipalities.

### **POLICY:**

1. The municipal component of the expenses of the Board shall be allocated to obligated municipalities using the population figures provided in the Statistics Canada Census completed every five years.
2. Updated population figures released in the Census will become effective the January following the release of the population figures.

### **PROCEDURE:**

1. Population figures will be changed as required every five years for the allocation of the municipal component of the HPEPH budget.

## Advocacy

### **PURPOSE:**

To provide a process for the Board of Health (Board) to influence public health policy change. Policy advocacy is the process of influencing which policies should be developed and acted upon for implementation and evaluation.

### **POLICY:**

Members of the Board and Hastings Prince Edward Public Health (HPEPH) staff work together to identify and act upon policy advocacy issues. The Medical Officer of Health (MOH) shall review and approve any policy advocacy work prior to engaging the Board and shall work with the Governance Committee of the Board to identify policy advocacy options and plans.

### **PROCEDURE:**

#### 1. Advocacy initiatives from HPEPH staff:

- 1.1. Staff must seek approval through their manager before bringing forward any advocacy initiatives to the MOH. The Program Manager will ensure the topic aligns with HPEPH priorities.
- 1.2. Staff will prepare a briefing note on the topic, including recommended actions and identified risks. The Program Manager/Director will provide the briefing note to the MOH for consideration to present to the Board.
- 1.3. Recommended actions will be finalized and formally put forward to the BOH from the Office of the MOH.
- 1.4. The MOH and Chair of the BOH shall, in consultation with the Chair of the Governance Committee decide if staff should present at a Governance Committee meeting or a Board of Health meeting.
- 1.5. Staff will present at the appropriate meeting and recommendations for advocacy initiatives will be voted upon by members.

#### 2. Advocacy initiatives from the Board:

- 2.1. Board members, in consultation with the BOH Chair and the Chair of Governance, shall bring forward new issues for possible advocacy at a Governance Committee meeting.
- 2.2. The Governance Committee, in consultation with the Medical Officer of Health and Chair of the BOH, will decide whether to carry the issue forward to the Board of Health based on community and organizational priorities.
- 2.3. Issues brought to Governance Committee should include a request for advocacy recommendations. There should be a clear ask of HPEPH staff (e.g. "We would like a staff report on \_\_\_\_, " or "What can be done to address the \_\_\_\_ health issue in our region?").
- 2.4. HPEPH staff will prepare a briefing note with policy advocacy options, and present back to either the Governance Committee or Board of Health at a later meeting as decided by the Governance Committee in consultation with the Medical Officer of Health and Chair of the BOH.

- 2.5. On occasion, the Board may identify a policy advocacy issue resulting from a presentation and discussion at a BOH meeting. In this situation, a motion should be made to request a staff report and review at a Governance Meeting. If the advocacy work needs to be addressed immediately, the MOH will work with the Board Chair to evaluate options and make an appropriate action plan.

## Deputation Requests to the Board of Health

### PURPOSE:

1. To provide a clear and consistent process to receive and respond to requests from the public who want to address the Hastings Prince Edward Board of Health (Board).
2. Supports accountability and transparency between the Board and the public.

### POLICY:

1. The Board of Health will provide access to open meetings for members of the public to observe, or to present issues of public health mandate as noted in the Ministry of Health's Ontario Public Health Standards, by way of a formal deputation.
2. All deputations will be reviewed and approved for addition to a Board meeting agenda at the discretion of the Board Chair and Vice Chair in collaboration with the Medical Officer of Health.
3. Deputations will only be granted to residents of Hastings and Prince Edward Counties and on issues of interest to the Board.
4. Individuals who do not wish to appear in person may submit a written submission for inclusion in the public Board agenda (see Procedure below).
5. A deputation to the Board can be made by an individual either on his/her own behalf or as a representative of an organization or community group (delegation) on an approved public health matter (see #2 above).
6. Up to two speakers can participate in one deputation, limited to a total of not more than 10 minutes. There will be no more than two deputations per Board meeting.
7. Approved deputations will be scheduled at the next possible Board meeting providing it can be added to the agenda without any timing issues or as requested.
8. Delegations may only appear once on the same matter within a one-year period, unless a recommendation pertaining to the same matter is included on the agenda within a one-year period and only to provide additional or new information.
9. Deputations will not be permitted at Board Committee meetings as these are not decision-making entities and do not consist of all members of the Board.

### PROCEDURE:

1. Submit a completed *Board of Health Deputation Request* form found on the Hastings Prince Edward Public Health website at <https://www.hpepublichealth.ca/board-of-health/>. All fields must be completed with as much information and detail as possible on the subject matter. If you do not have access to the internet/website you can phone Public Health at 613-966-5500, ext. 231 and we will complete a request for you.
2. A letter can be submitted, either via Canada Post or by email at [info@hpeph.ca](mailto:info@hpeph.ca) noting in the Subject Line: Board of Health Deputation Request. The request should provide the following information:
  - a. Requestor's name, address, telephone number and email address. The Board will not accept anonymous requests or communications.
  - b. Full names of speakers and/or presenters and/or a list of individuals who will be attending the meeting.

- c. Date you wish to present your deputation to the Board (dates of Board meetings can be found on our website at <https://www.hpepublichealth.ca/board-of-health/>).
  - d. A detailed summary of the subject matter and/or a copy of any materials that will be presented, the outcome that is sought or if for information purposes only and what action is requested by the Board.
    - i. Comments that are submitted anonymously or include defamatory language will not be accepted or form part of the official meeting record.
    - ii. Correspondence must be addressed to the Board of Health.
    - iii. Emails/correspondence sent to individual Board members or Public Health staff that are copied to the Board, MOH or Executive Assistant via cc will not be considered.
  - e. An overview of you and/or your group.
  - f. Your signature.
  - g. If mailing your request, mail to: Hastings Prince Edward Public Health, c/o Board of Health, 179 North Park Street, Belleville, ON K8P 4P1.
3. You will be notified if your request is approved/not approved, and if applicable, confirm the date of your deputation. You may be contacted to provide additional information. A date will not be set for the deputation until all information has been received by the Board, as outlined above. A reason will be given if your request is not approved.
  4. Deputation requests must be received at least 14 days before the date of the meeting at which you wish to speak. Please note, your request, including your contact information will be included in the agenda package for the specified meeting date and therefore will be posted to our website.
  5. Should you wish to show a PowerPoint presentation, it must be received along with your written/electronic request form so it can be reviewed for acceptable content. If it is approved to be presented, you will be asked to send it electronically at a later specified date.
  6. Should you wish to record or videotape the proceedings of a Board meeting, you will need to follow the instructions as set out in this Procedures section.
  7. All material presented and discussed at the Board meeting will become public information.
  8. If your deputation includes a group of people, you will be required to designate not more than two spokespersons. As noted above, the Board will allow no more than two people to address the Board during the deputation.
  9. If you or anyone in your group changes the delegation topic to something that was not previously approved is not in keeping with the decorum of the meeting, acts contrary to any of the rules noted below, or in contravention of the Ontario Human Rights Code, you will be asked by the Chair to cease and come to order. If you and/or anyone in your delegation do not cease or come to order you will be asked by the Board Chair to leave the meeting immediately.
    - a. No behaviour is permitted that interrupts the conduct of a meeting.
    - b. No one may use disrespectful language, gestures or offensive words.
    - c. Signs and T-shirts with offensive language or slogans are not permitted.
    - d. Taking photos and/or making recordings of any kind are not permitted unless prior permission has been given.

For further information see *General Expectations for Deputations and for Observers on the HPEPH website*.

## TERMS OF REFERENCE - GOVERNANCE COMMITTEE

### PURPOSE:

The purpose of the Governance Committee (Committee) is to assist the Board of Health (Board) in fulfilling its oversight responsibilities and to gain reasonable assurance as to the effectiveness of corporate governance and Board and Committee effectiveness.

The Committee ensures accountability of Hastings Prince Edward Public Health (HPEPH) in accordance with the Public Health Accountability Framework outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

### RESPONSIBILITIES:

The Governance Committee will follow the governance expectations in the OPHS and the Public Health Funding & Accountability Agreement.

Specific duties and responsibilities will include the following:

- ♦ Review the Board policies, by-laws and Committee terms of reference every two years to ensure appropriate structures and procedures are in place for effective functioning of the Board.
- ♦ Ensure Board policies and by-laws are adhered to and revised as required to meet changing expectations or requirements.
- ♦ Monitor the affairs of HPEPH to gain reasonable assurance of compliance with all governance-related statutory requirements, by-laws, and policies. This would include but is not limited to the OPHS, the Public Health Funding and Accountability Agreement and other key funding contracts.
- ♦ Ensure that a risk management program is in place and reviewed on a regular basis.
- ♦ Ensure regular performance appraisals are conducted for the Medical Officer of Health.
- ♦ Review and provide input on relevant legislation, reports, position papers, key program changes or other developments regarding agency governance.

### MEMBERSHIP:

- ♦ The Committee is a standing committee of the Board of Health.
- ♦ Committee members are selected during the first Board meeting of the calendar year.
- ♦ Membership consists of up to five Board members; one from each of the obligated municipalities and one provincial appointee.
- ♦ Each member of the Committee designates an alternate from their municipality or provincial appointees and is responsible to notify and arrange for their alternate to attend a scheduled meeting, should they be unable to attend.
- ♦ The Medical Officer of Health and the Director of Corporate Services are non-voting members and serve as resource persons for the Committee. Other Management Team members may be invited to attend meetings as resource persons based on agenda items.

- ♦ Changes to the membership of the Committee may be made at the discretion of the Board in order to accommodate changes in board membership.
- ♦ Any Board member is welcome to attend a Governance Committee meeting as an observing, non-voting member.
- ♦ At no time should the total membership of the Committee be more than a quorum of the total Board membership.

**CHAIRPERSON, RECORD KEEPING & COMMUNICATIONS:**

- ♦ One member of the Committee will be elected as the Chairperson at the first Committee meeting held at the beginning of the year. For consistency, Chairpersons are encouraged to serve a minimum period of two years.
- ♦ Meeting materials will be provided to the Committee in advance of each meeting.
- ♦ Minutes will be recorded by the Executive Assistant to the Medical Officer of Health or designate.

**AUTHORITY AND DECISION-MAKING:**

- ♦ The Chair of the Committee has overall responsibility to conduct the proceedings of the Committee, encourage discussion of members and present summary reports to the Board.
- ♦ A quorum of the Committee is required for recommendations to the Board.
- ♦ Recommendations made by the Committee will be presented by the Chair of the Committee for approval by the Board, as required.

**FREQUENCY OF MEETINGS:**

- ♦ The Governance Committee meets twice a year, or as required.
- ♦ An annual schedule of meetings will be established and distributed to all Committee members.



## TERMS OF REFERENCE - FINANCE COMMITTEE

### PURPOSE:

The purpose of the Finance Committee (Committee) is to assist the Board of Health (Board) in fulfilling its financial oversight responsibilities by reviewing financial reports, investments and financial instruments as well as the financial aspects of human resources oversight and corporate facilities.

The Committee ensures accountability of Hastings Prince Edward Public Health (HPEPH) in accordance with the Public Health Accountability Framework outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS).

### RESPONSIBILITIES:

The Finance Committee will comply with the financial requirements of the Health Protection and Promotion Act (HPPA), the Ontario Public Health Standards (OPHS), the Public Health Funding & Accountability Agreement and all other applicable legislation and regulations.

Specific duties and responsibilities will include the following:

- ♦ Review and recommend the annual budget to the Board;
- ♦ Review quarterly year-to-date results of HPEPH, assess financial performance against the approved budget and make recommendations to the Board as required;
- ♦ Review financial updates and year end projections for variances, resource allocation plans and decisions, and make recommendations thereon.
- ♦ Gain reasonable assurance that the accounting practices, policies, internal financial controls and reports and forecasts are reasonable, comprehensive and managed in an efficient and effective manner.
- ♦ Review the draft audited financial statements with external auditors and make recommendations to the Board as required.
- ♦ Monitor the accumulation and utilization of operating and capital reserve funds on an annual basis in conjunction with the auditors.
- ♦ Review the year end financial settlements and reports as required.
- ♦ Ensure that financial risks identified through the risk management program are mitigated to the best of the Board's ability.
- ♦ Review budget funding assumptions and forecasting of municipal contributions.
- ♦ Review HPEPH's insurance program including the scope and limitation of coverage on a bi-annual basis, or as required.
- ♦ Review and recommend a bargaining position and mandate to the Board.

### MEMBERSHIP:

- ♦ The Committee is a standing committee of the Board of Health.
- ♦ Committee members are selected during the first Board meeting of the calendar year.
- ♦ Membership consists of up to five Board members; one from each of the obligated municipalities and one provincial appointee.
- ♦ Each member of the Committee designates an alternate from their municipality or provincial appointees and is responsible to notify and arrange for their alternate to attend a scheduled meeting, should they be unable to attend.

- ♦ The Medical Officer of Health and the Director of Corporate Services are non-voting members and serve as resource persons for the Committee. Other Management Team members may be invited to attend meetings as resource persons based on agenda items.
- ♦ Changes to the membership of the Committee may be made at the discretion of the Board in order to accommodate changes in Board membership.
- ♦ Any Board member is welcome to attend a Finance Committee meeting as an observing, non-voting member.
- ♦ At no time should the total membership of the Committee be more than a quorum of the total Board membership.

**CHAIRPERSON, RECORD KEEPING & COMMUNICATIONS:**

- ♦ One member of the Committee will be elected as the Chairperson at the first Committee meeting held at the beginning of the year. For consistency, Chairpersons are encouraged to serve a minimum period of two years.
- ♦ Meeting materials will be provided to the Committee in advance of each meeting.
- ♦ Minutes will be recorded by the Executive Assistant to the Medical Officer of Health or designate.

**AUTHORITY AND DECISION-MAKING:**

- ♦ The Chair of the Committee has overall responsibility to conduct the proceedings of the Committee, encourage discussion of members and present summary reports to the Board.
- ♦ A quorum of the Committee is required for recommendations to the Board.
- ♦ Recommendations made by the Committee will be presented by the Chair of the Committee for approval by the Board, as required.

**FREQUENCY OF MEETINGS:**

- ♦ The Finance Committee meets quarterly, or as required.
- ♦ An annual schedule of meetings will be established and distributed to all Committee members.

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## Board of Health Briefing Note

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| <b>To:</b>                                      | Hastings Prince Edward Board of Health  |
| <b>Prepared by:</b>                             | Dr. Ethan Toumishey, Medical Officer of Health and CEO  |
| <b>Date:</b>                                    | Wednesday, June 5, 2024   |
| <b>Subject:</b>                                 | <b>Report of the Medical Officer of Health</b>  |
| <b>Nature of Board Engagement</b>               | <input checked="" type="checkbox"/> <b>For Information</b><br><input type="checkbox"/> Strategic Discussion<br><input type="checkbox"/> Board approval and motion required<br><input type="checkbox"/> Compliance with Accountability Framework<br><input type="checkbox"/> Compliance with Program Standards   |
| <b>Action Required:</b>                         | No action required.   |
| <b>PRIDE</b>                                    | <ul style="list-style-type: none"> <li>• June is PRIDE Month</li> <li>• At Public Health we are celebrating Pride by encouraging staff from all programs to consider how they serve the 2SLGBTQI+ population and can increase capacity to provide more inclusive services. All our programs have a role to play celebrating Pride and supporting the health and well-being of 2SLGBTQI+ community members.</li> <li>• We recognize that 2SLGBTQI+ community members are members of our community, and are working to improve inclusive service provision across the organization.</li> <li>• At Public Health, we provide inclusive services to gender diverse new parents, inspect businesses owned and operated by gay and lesbian community members, support queer and questioning youth in schools, and so much more. This year we are encouraging staff to consider professional development that expands their ability to care for and support members of the 2SLGBTQI+ community. We have also recently launched new <u>Client Service Standards</u>, which reinforce that we will strive to provide services and physical spaces that are inclusive of all members of our communities.</li> <li>• Public Health will be sending program representatives to <i>Pride in the Park</i> on June 8 in Belleville, to raise awareness about how our programs support sexual and gender diverse people.</li> </ul> |
| <b>Highly pathogenic avian influenza (HPAI)</b> | <ul style="list-style-type: none"> <li>• Avian influenza (AI), also known as “bird flu,” is caused by a virus.</li> <li>• It can infect wild birds, such as geese, ducks, and shore birds and can infect domestic poultry. Wild birds, especially waterfowl, are natural carriers of mild strains of avian influenza.</li> <li>• The <b>highly pathogenic avian influenza (HPAI) strain H5N1</b> was first reported in Canada in December 2021, and the virus has since been detected in wild birds in every province and territory.</li> </ul> <p><b>Can people become infected with Avian influenza?</b></p> <ul style="list-style-type: none"> <li>• The exact mode of transmission from birds to people is not known, but most human cases of AI have been traced to unprotected contact (no gloves, protective wear, face masks, respirators or eye protection) with infected poultry or their droppings.</li> </ul>   |

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|                                  | <ul style="list-style-type: none"> <li>• There are three known human cases of A(H5N1) in the U.S. reported by the Centre for Disease Control (CDC). The first was in Texas in April 2024 and the second and third in Michigan in May 2024.</li> <li>• The cases are associated with an ongoing multi-state outbreak in U.S. dairy cows. None of the cases are associated with the others, although all three are dairy farm workers with exposure to infected cows, making these instances of probable cow-to-person spread.</li> <li>• The first two cases only reported ocular symptoms, while the most recent case is the first human case of A(H5N1) in the U.S. to report more typical symptoms of acute respiratory illness associated with influenza virus infection, including A(H5N1) viruses.</li> <li>• The risk to the general public remains low; however, people are discouraged from consuming undercooked meat and unpasteurized dairy products. <ul style="list-style-type: none"> <li>○ For more information visit <a href="#">Highly pathogenic avian influenza (HPAI) in livestock - Canadian Food Inspection Agency</a>.</li> </ul> </li> <li>• Additional information about avian flu is available through the <a href="#">Ministry of Health</a>, the <a href="#">Public Health Agency of Canada</a>, the <a href="#">Canadian Wildlife Health Cooperative</a>, and <a href="#">Hastings Prince Edward Public Health</a>.</li> </ul> <p><b>How to protect yourself</b></p> <ul style="list-style-type: none"> <li>• Stay away from wild birds.</li> <li>• Avoid unprotected contact with domestic birds that appear to be sick or have died.</li> <li>• Avoid contact with surfaces that appear to be contaminated with feces from wild or domestic birds.</li> <li>• Wash hands thoroughly with soap and water immediately after unavoidable contact with birds or their droppings.</li> <li>• Report sick or dead wild birds that are on municipal property to your local municipality and on the <a href="#">Canadian Wildlife Health Cooperative reporting tool</a> or by calling <a href="#">1-866-673-4781</a>.</li> <li>• <a href="#">If you become ill</a> and think you may have been exposed to an infected animal, contact your health care provider immediately.</li> </ul> <p><b>How to protect your pets</b></p> <ul style="list-style-type: none"> <li>• When outdoors ensure pets stay away from sick or dead birds or animals.</li> <li>• Keep your cats indoors and dogs on a leash when out for a walk.</li> <li>• Consult with your veterinarian if your pet is sick or for more information on avian influenza in pets, and visit the <a href="#">Government of Canada website</a> for more information on protecting your pets.</li> <li>• Visit the <a href="#">Avian influenza dashboard for the latest information on HPAI in wild birds and other wildlife in Canada</a>.</li> </ul> |
| <p><b>Summer Food Safety</b></p> | <ul style="list-style-type: none"> <li>• June 7 is World Food Safety Day which draws attention to food standards - food standards save lives.</li> <li>• Foodborne diseases affect 1 in 10 people worldwide each year, and food standards help to ensure what we eat is safe.</li> <li>• <a href="#">Food safety</a> is the science of handling, preparing and storing food to reduce the risk of foodborne illnesses. Food contaminated with harmful bacteria, viruses, parasites, chemicals or other impurities can cause many illnesses.</li> </ul>  |

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|                              | <ul style="list-style-type: none"> <li>• Knowing how to protect yourself from foodborne illness is important to keep you safe and healthy.</li> </ul> <p><b>Summer Food Safety Tips</b></p> <ul style="list-style-type: none"> <li>• If you're taking hot or cold food for school or a gathering, keep hot foods hot (60°C or warmer) and cold foods cold (4°C or colder).</li> <li>• For hot foods, use insulated thermal containers or wrap hot food in foil and cover with heavy towels.</li> <li>• Cold foods can be kept in coolers containing ice or frozen gel packs. Use a thermometer to check if your food is kept below 4°C.</li> <li>• Don't serve raw eggs or consume ingredients containing raw eggs. They may contain bacteria such as Salmonella or pathogenic (illness-causing) E. coli.</li> <li>• If you're making ice-cream or dessert this summer, consider using pasteurized eggs in recipes that don't involve cooking the eggs.</li> <li>• Barbequing this summer? Here are a few tips to avoid getting sick: <ul style="list-style-type: none"> <li>○ Marinate and store raw meat at 4°C or lower.</li> <li>○ Wash hands after handling raw meat.</li> <li>○ Avoid cross-contamination of ready-to-eat foods with raw meat.</li> <li>○ Use a clean plate when taking food off the grill.</li> <li>○ Use a digital food thermometer to ensure you have cooked meat thoroughly.</li> </ul> </li> <li>• Home-canning? Use validated recipes and good food safety practices to control or eliminate the growth of microorganisms and produce a safe canned product. For more information, review Public Health Ontario's <a href="#">Literature Review on Home Canning</a>.</li> </ul> |
| <p><b>Public Beaches</b></p> | <ul style="list-style-type: none"> <li>• Public Health monitors the water quality for unsafe bacteriological levels at municipally designated beaches from the end of May to the end of August each year.</li> <li>• Provincial Park beaches are monitored by the Ontario Ministry of Natural Resources and Forestry. Their sampling results may be viewed at <a href="#">OntarioParks.ca</a>.</li> <li>• Beach goers are encouraged to check local beach status prior to planning a trip to the beach.</li> <li>• For status reports of recent water sampling, visit the HPEPH <a href="#">Public Beaches page</a>.</li> <li>• As part of the beach monitoring program, public health staff collect a minimum of five water samples from select beaches scheduled that week for monitoring and the samples are sent to a provincial lab and tested for levels of E. coli bacteria. It is important to note that it takes two to three days to receive lab results.</li> <li>• E. coli is used as an indicator to monitor for the possible presence of other microbes such as Cryptosporidium, Giardia, Shigella, and norovirus. <ul style="list-style-type: none"> <li>○ When bacterial counts exceed provincial guidelines, warning signs are posted at the beach advising that the water is unsafe for swimming and notices are also sent to the media, and posted on the <a href="#">HPEPH website</a> and social media accounts.</li> </ul> </li> <li>• It is important for residents to recognize that water quality changes from day to day, or even hour to hour, depending on the weather and other conditions.</li> </ul>   |

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|---|--|
|   | <ul style="list-style-type: none"> <li>• Most beaches are tested monthly unless there is an adverse test result. <ul style="list-style-type: none"> <li>○ In the event of an adverse test result, the beach will be re-sampled the following week.</li> </ul> </li> <li>• Beach goers should always consider the following, which may impact the quality of water at a beach, before making the decision to swim: <ul style="list-style-type: none"> <li>○ <b>Rainfall:</b> Rain washes contaminants into streams, rivers, and lakes. While small amounts of rainfall are unlikely to have much impact, bacteria levels may be higher after significant rainfall.</li> <li>○ <b>Wind:</b> Wind can increase waves at beaches, which in turn will stir up sand and silt. When the water is cloudy, bacteria levels may be higher.</li> <li>○ <b>Waterfowl (gulls, geese, etc.):</b> In some smaller bodies of water, or more confined areas of large lakes, the feces of waterfowl may impact water quality, causing an increase in bacteria.</li> <li>○ <b>Wet sand and shallow water:</b> Shallow bodies of water are likely to be warmer, and bacteria can increase quickly in warm temperatures. Bacteria levels also tend to be higher in wet sand. Be sure to use a hand sanitizer, or if possible, wash your hands after playing at the water's edge.</li> </ul> </li> </ul> |
| <p><b>Respiratory Illness Dashboard</b></p> | <ul style="list-style-type: none"> <li>• In the fall of 2024, HPEPH will be launching an expanded respiratory illness dashboard, including information related to COVID-19.</li> <li>• The updated dashboard will serve to reflect the level of risk in the community. If the level of risk for any respiratory virus is such that additional public notification is required, HPEPH will notify partners or the public.</li> <li>• Both the COVID-19 Dashboard and the Weekly Respiratory Infection Update will not be updated over the summer months, while work is underway to finalize the new respiratory illness dashboard.</li> <li>• As the spread of respiratory virus is typically low throughout the summer months, reporting of respiratory illness indicators during this time will be limited to <a href="#">outbreaks in high-risk settings</a>.</li> <li>• Work to prevent and respond to COVID-19 and other respiratory illnesses will continue, in alignment with the Ontario Public Health Standards, as it is now integrated into our ongoing operations.</li> </ul>   |


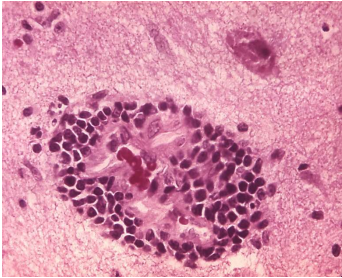



### Board of Health Briefing Note

|                                   |  |
|-----------------------------------|--|
| <b>To:</b>                        | Hastings Prince Edward Board of Health   |
| <b>Prepared by:</b>               | Ruxshin Amooyan, Public Health Inspector   |
| <b>Approved by:</b>               | Bill Sherlock, Program Manager   |
| <b>Date:</b>                      | Wednesday, June 5, 2024  |
| <b>Subject:</b>                   | <b>2023 Annual Rabies Report</b>   |
| <b>Nature of Board Engagement</b> | <input checked="" type="checkbox"/> <b>For Information</b><br><input type="checkbox"/> Strategic Discussion<br><input type="checkbox"/> Board approval and motion required<br><input type="checkbox"/> Compliance with Accountability Framework<br><input checked="" type="checkbox"/> <b>Compliance with Program Standards</b>  |
| <b>Action Required:</b>           | No action required.  |
| <b>Background:</b>                | <p>Per the Ontario Public Health Standards, June 2021 (OPHS), Infectious and Communicable Diseases Prevention and Control:</p> <p>11. <i>The board of health shall provide public health management of cases, contacts, and outbreaks to minimize the public health risk in accordance with the Infectious Diseases Protocol, 2018 (or as current); the Institutional/Facility Outbreak Management Protocol, 2018 (or as current); the Management of Potential Rabies Exposures Guideline, 2018 (or as current); the Rabies Prevention and Control Protocol, 2018 (or as current); the Sexual Health and Sexually Transmitted/ Blood-Borne Infections Prevention and Control Protocol, 2018 (or as current); and the Tuberculosis Prevention and Control Protocol, 2018 (or as current).</i></p> <p>13. <i>The board of health shall receive and respond to all reported cases of potential rabies exposures received from the public, community partners, and health care providers in accordance with the Health Protection and Promotion Act; the Management of Potential Rabies Exposures Guideline, 2018 (or as current); and the Rabies Prevention and Control Protocol, 2018 (or as current).</i></p> <p>14. <i>The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan and in consultation with other relevant agencies and orders of government, in accordance with the Management of Potential Rabies Exposures Guideline, 2018 (or as current) and the Rabies Prevention and Control Protocol, 2018 (or as current).</i></p> <p>Rabies is an acute viral disease that is nearly always fatal. As noted above the OPHS set out the requirements to conduct surveillance of rabies and to conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations.</p> <p>With the goal of preventing the occurrence of rabies in humans, Hastings Prince Edward Public Health (Public Health) conducted the following activities in 2023:</p> <ul style="list-style-type: none"> <li>• <b>702</b> animal biting/scratching incident cases where investigation was initiated within 24 hours - an increase from <b>613</b> cases in 2022</li> <li>• <b>1</b> bat tested positive for rabies</li> <li>• <b>58</b> people received rabies post-exposure prophylaxis</li> <li>• <b>0</b> cases of human rabies</li> </ul> |




|                     |   |
|---------------------|---|
|                     | <p>Additional information regarding the 702 cases investigated in 2023:</p> <ul style="list-style-type: none"><li>• The animal species most involved with the cases were <b>canines</b> (72%, n=506) followed by <b>felines</b> (20%, n=138). Remaining cases involved <b>bats</b> (5%, n=33), <b>raccoons</b> (1%, n=8), <b>rodents, squirrels, rabbits</b> (1%, n=8), <b>groundhog, chipmunks, unknown species</b> (1%, n=8), <b>Horses</b> (0.1%, n=1).</li><li>• There were <b>217</b> confirmed vaccinated animals, <b>113</b> animals not vaccinated, <b>343</b> animals had unknown vaccination dates, however, vaccination was not applicable in <b>29</b> animal cases (e.g., wildlife).</li><li>• Once again, the communities with the greatest number of investigations were <b>Belleville</b> with 190 (27%) and <b>Trenton</b> with 144 (21%).</li></ul> |
| <b>Reviewed By:</b> | Dr. Ethan Toumishey, Medical Officer of Health and CEO  |



# 2023 Rabies Report

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## 2023 Rabies Report

### What is Rabies?

- An acute viral disease that is nearly always fatal
- Transmitted mainly through saliva via bite or scratch from an infected mammal
- 2 types of rabies: furious and dumb
- Typical incubation period ranges from 1 to 3 months
- Rabies Post-Exposure Prophylaxis
- Rabies still exists in Canada
- Prevention: Animal rabies vaccination and education

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 HASTINGS PRINCE EDWARD  
**Public Health**

2023 Rabies Report


## The Role of Public Health

- Public Health Inspectors investigate animal-biting incidents within 24 hours
- Distribute exposure prophylaxis and vaccine
- Data entered into provincial database within 30 days
- Letters sent to target agencies on reporting requirements
- Radio interviews and promotion
- Low-cost rabies clinics

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3

 HASTINGS PRINCE EDWARD  
**Public Health**

2023 Rabies Report

## CFIA- Rabies Statistics

- 56 positive cases of rabies in Ontario for 2023
- Bats, skunks, and cat
- Ministry of Natural Resources drops vaccine baits for wildlife in urban, rural, and forested areas to control rabies - mainly distributed in southern Ontario




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Schedule 12.1



2023 Rabies Report

### HPEPH- Rabies Statistics

- **702** rabies investigations conducted
- **1 bat** tested positive for rabies
- **58** people received rPEP and **0** cases of human rabies
- **Belleville** had the greatest number of cases
- **Canines** most involved in investigations
- **217** vaccinated animals



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## Board of Health Briefing Note

|                                    |  |
|------------------------------------|--|
| <b>To:</b>                         | Hastings Prince Edward Board of Health   |
| <b>Prepared by:</b>                | Veronica Montgomery, Program Manager   |
| <b>Approved by:</b>                | Shelly Brown, Director of Community Programs   |
| <b>Date:</b>                       | Wednesday, June 5, 2024  |
| <b>Subject:</b>                    | <b>2023 Annual Report</b>  |
| <b>Nature of Board Engagement:</b> | <input checked="" type="checkbox"/> <b>For Information</b><br><input type="checkbox"/> Strategic Discussion<br><input type="checkbox"/> Board approval and motion required<br><input type="checkbox"/> Compliance with Accountability Framework<br><input checked="" type="checkbox"/> <b>Compliance with Program Standards</b>  |
| <b>Action Required:</b>            | No action required.  |
| <b>Background:</b>                 | <p><b><i>Ontario Public Health Standards – Common to All Domains</i></b></p> <p><b><i>Requirement #5: The board of health shall produce an annual financial and performance report to the general public.</i></b></p> <p>Boards of health are required to provide an annual report after year end to demonstrate how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, and complying with various legislative requirements.</p> <p>Effective June 5, the 2023 Annual Report for HPEPH is available online at <a href="http://hpePublicHealth.ca/category/reports">hpePublicHealth.ca/category/reports</a>.</p> |
| <b>Reviewed By:</b>                | Dr. Ethan Toumishey, Medical Officer of Health and CEO   |



# 2023 ANNUAL REPORT



**Together with  
our communities,  
we help people  
become as  
healthy as they  
can be.**





## LAND ACKNOWLEDGMENT

*Hastings Prince Edward Public Health is situated and provides services on the traditional territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people.*

In 2023, artist Kory Parkin created a piece of art to illustrate the Hastings Prince Edward Public Health organizational land acknowledgment. The artwork references Indigenous stories and symbols, as well as elements of the modern landscape. The artwork will be on display in all HPEPH offices in 2024.

### About the artist

Kory Parkin is a proud member of the Mohawks of the Bay of Quinte for over 30 years. He has grown up learning about Indigenous traditions and symbolism from several cultures. Over the years he has taken an interest in many creative mediums including photography, acrylic painting, silk screening, and glass etching.

### Artist's statement

This art piece aims to show how the land in Hastings and Prince Edward Counties connects the past to the present by blending traditional Indigenous stories,

such as the Creation story and the story of the Three Sisters, to the land on which we live today. Before this city was known as Belleville, it was referred to as Asuhknosk and was known for its great fishing. For this reason, the image of a fish has been included. The eagle is a sacred bird to all Indigenous cultures, and is seen as the messenger that flies closest to the Creator and overlooks everyone upon Turtle Island, hence the reason for the large Eagle wing. In Haudenosaunee culture, there are nine clans: Turtle, Bear, Wolf, Heron, Hawk, Snipe, Beaver, Deer and Eel, which are all represented in this image. Lastly, the Two Row Wampum has been included, since this is seen as a living treaty, and a way the Haudenosaunee have established for their people to live together in peace. The Two Row Wampum reinforces that each nation will respect the ways of the other as they meet to discuss solutions to the issues that come before them.

## MESSAGE FROM THE BOARD OF HEALTH CHAIR AND THE MEDICAL OFFICER OF HEALTH

The year 2023 was one of change, challenges, and achievements for Hastings Prince Edward Public Health (HPEPH).

HPEPH, like many of the health units in Ontario, faced a number of financial challenges in 2023. Provincial changes in the funding formula for public health units, and provincial plans to clarify the role of health units, reduce overlap, and improve access to services prompted the Board to endorse investigating the feasibility of a merger between Hastings Prince Edward Public Health and our neighbours to the east: Kingston, Frontenac, and Lennox & Addington Public Health, and Leeds, Grenville and Lanark District Health Unit.

Many programs were also put on hold in the late summer and early fall due to labour disruptions when members of the Ontario Nurses' Association and Canadian Union of Public Employees exercised their legal right to strike.

Despite being faced with uncertainty and unexpected challenges, the staff at HPEPH continued to deliver high-quality public health services to our communities, protected the health and well-being of our residents, and continued to make progress toward our strategic goals.

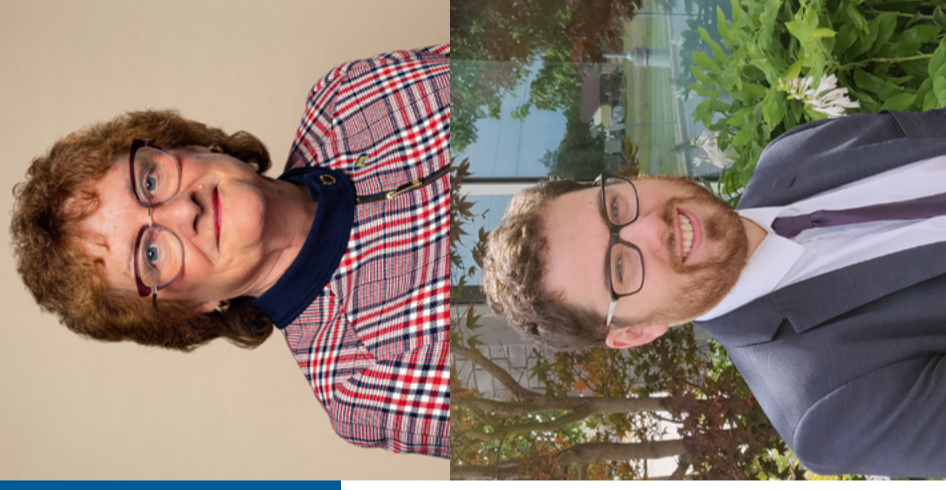
We stand committed to our core values of collaboration, advocacy, respect and excellence as we continue our work delivering evidence-based public health programs and services in our community. This Annual Report highlights the work undertaken in 2023 to support the health and well-being of our residents as we fulfil the requirements of the Ontario Public Health Standards.

*Janet C. O'Neill*

**Janet O'Neill**  
Chair, Hastings Prince Edward Board of Health  
Mayor, Municipality of Marmora and Lake  
County of Hastings

*Ethan Tourmishey*

**Dr. Ethan Tourmishey**  
MD, MPH, CCFP, FRCPC  
Medical Officer of Health & CEO  
Hastings Prince Edward Public Health



## BOARD OF HEALTH

### CHAIR

Janet O'Neill, Mayor,  
Municipality of Marmora and Lake,  
County of Hastings

### VICE CHAIR

Michael Kotsovos, Councillor,  
City of Quinte West

### MUNICIPAL REPRESENTATIVES

Sean Kelly, Councillor,  
City of Belleville

Garnet Thompson, Councillor,  
City of Belleville

Phil St. Jean, Councillor,  
County of Prince Edward

Bill Roberts, Councillor,  
County of Prince Edward

Kimberly Carson,  
Mayor, Limerick Township,  
County of Hastings

David McCue, Councillor,  
City of Quinte West

### PROVINCIAL APPOINTEES

Dr. Jeffrey Allin

Dr. Craig Ervine

# 2023 BY THE NUMBERS

In 2023, we worked to advance our strategic priorities. We continued to deliver programs and services to ensure our compliance with the Ontario Public Health Standards and help the residents of Hastings and Prince Edward Counties (HPEC) achieve optimal health. This infographic highlights some key statistics from our work.

**720 visits**

completed by Healthy Babies Children and Nurse-Family Partnership Public Health Nurses

**365**

in-person breastfeeding consultations

**343**

visits completed by Family Home Visitors

**432 cases**

of reportable sexually transmitted infections followed-up to ensure treatment and contact notification

**6,973**

routine immunizations at HPEPH clinics

**695**

investigations of diseases of public health significance

**6,517**

Grade 7 school-based immunizations

**150**

investigated facility outbreaks

**159**

Completed tuberculosis investigations

**5,399**

naloxone kits distributed with community partners

**165k**

unique users visited the HPEPH website

**55**

media releases issued

**1114**

small drinking water systems inspections

**720**

smoking cessation consultations by phone

**65**

youth access compliance checks of tobacco and/or vapour products retailers

**238**

inspections under the Smoke-Free Ontario Act

**10**

recreational camp inspections

**297**

recreational water facility inspections

**238**

inspections under the Smoke-Free Ontario Act

**2,479**

food premise inspections

**702**

rabies investigations

**259**

personal services setting inspections

**76**

inspections of international agricultural worker accommodations

**2,032**

student visits to secondary school public health nurse clinics

**289**

curriculum support presentations to classes and school staff

**3,040**

appointments for seniors at HPEPH clinics and other dental partners under the Ontario Seniors Dental Care Program

**5,481**

school oral health screenings completed at 65 schools

**76**

13 HPEC schools completed Healthy Schools Action Plans to support positive school climates

**2,032**

student visits to secondary school public health nurse clinics

**289**

curriculum support presentations to classes and school staff

**3,040**

appointments for seniors at HPEPH clinics and other dental partners under the Ontario Seniors Dental Care Program



# 2023 PROGRAM AND SERVICE HIGHLIGHTS

In 2023 we identified and responded to many emerging local public health issues and implemented new and innovative programs, while also continuing to deliver our regular programs and services.

- We implemented the Nurse-Family Partnership Program (NFP), an evidence-based, nurse home visitation program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. The NFP program removes transportation barriers, improves access to programs for high-risk prenatal clients throughout our region, and provides significant health benefits to both parents and babies.

- We launched the Steps to Wellness program, a nine-week cognitive behavioural therapy program that supports the development of skills

needed to help manage prenatal and postpartum depression and anxiety.

- In response to the ongoing drug-poisoning crisis, we worked with community partners to raise awareness of naloxone kits and provide training, share messaging to improve knowledge of the signs of overdose, and help connect people who use drugs to support services.

- We created an opioid monitoring dashboard, a monthly summary of opioid harms and other early warning indicators in Hastings and Prince Edward Counties. The interactive online dashboard consolidates and reports information about emergency medical service calls, police incidents, emergency department visits, deaths related to opioid poisonings, and opioid poisonings reported through the HPEPH website.

- We developed a surveillance plan to support use of the dashboard by HPEPH and community partners. The surveillance plan outlines when and how alerts and media releases are issued, based on key indicator thresholds, such as a spike in opioid-related deaths or emergency department visits.

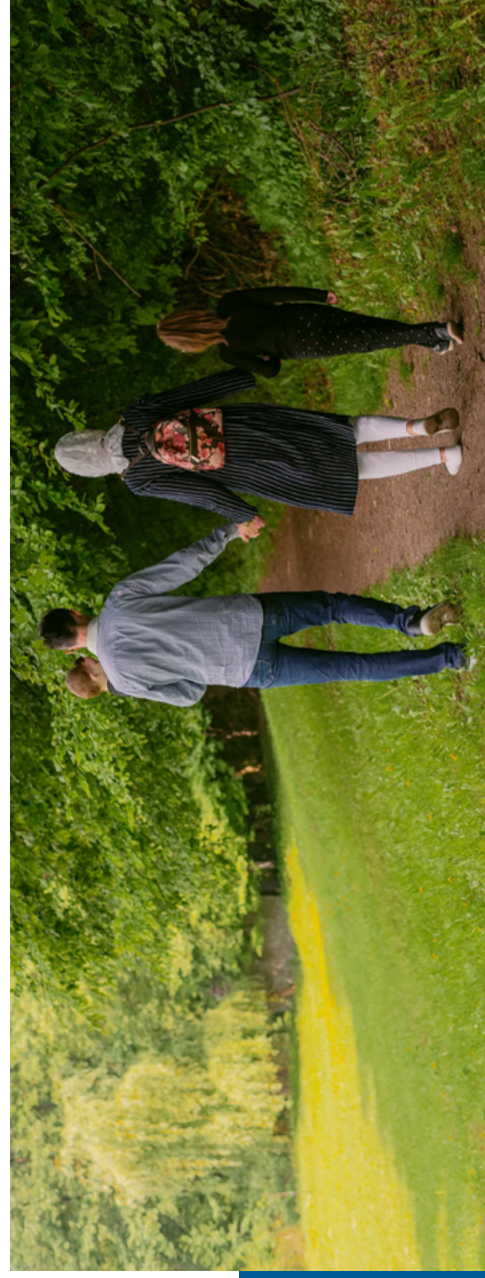
- HPEPH staff conducted an evidence review of violence prevention. Exposure to violence can have long-term health implications and is linked to increased risk of substance use, mental health issues, and chronic and infectious diseases. Staff reviewed local, provincial, and federal research to understand what strategies have been effective for other health units. Recommendations from the evidence review informed strategies to help prevent violence, including teaching healthy relationship skills in childcare and school settings, strengthening supports for women and families, and creating supportive environments.

- We continued our municipal liaison work to support municipal decision-making that will improve population health. Through this initiative, municipal liaisons are assigned to each municipal area that HPEPH serves: North Hastings, Centre

Hastings, Belleville, Quinte West, and Prince Edward County. Decisions such as zoning, green space, active transportation routes, access to physical activity options, positive food environments and safe environments all play a role in helping community members thrive and reach their full health potential.

- We continued work to address the modifiable risk factors associated with chronic disease, including smoking, alcohol consumption, physical inactivity, and healthy eating, through a number of innovative programs. Our Healthy Schools Team, in partnership with three elementary schools in Trenton, applied for and received a \$5,000 Community Challenge grant from ParticipACTION to support community organizations in removing barriers and increasing physical activity and sport participation and retention for equity-deserving groups.

- Our Get the Facts and Get Tested campaign raised awareness about sexual and reproductive health. It encouraged individuals to access reliable sexual health support, discuss their risks with their healthcare provider and get tested for sexually transmitted infections.



## 2023 FINANCIAL STATEMENTS

Financial statements are reviewed annually by the Board of Health, and are available at [hpePublicHealth.ca](https://hpePublicHealth.ca).

## ACCESSIBILITY

We are committed to providing accessible information to all. To request this document in an alternate format, call 613-966-5500; TTY: 711, email [accessibility@hpeph.ca](mailto:accessibility@hpeph.ca), or visit [hpePublicHealth.ca](https://hpePublicHealth.ca).



HASTINGS PRINCE EDWARD  
**Public Health**

[hpePublicHealth.ca](http://hpePublicHealth.ca) | 1-800-267-2803 | 613-966-5500

Belleville | North Hastings | Prince Edward County | Quinte West

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre  
et ministre de la Santé

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone: 416 327-4300  
www.ontario.ca/sante

Schedule 13.0



May 29, 2024

Mayor Jan O'Neill  
Chair, Board of Health  
Hastings & Prince Edward Counties Health Unit  
179 North Park Street  
Belleville ON K8P 4P1

Wess Garrod  
Chair, Board of Health  
Kingston, Frontenac and Lennox & Addington Health Unit  
221 Portsmouth Avenue  
Kingston ON K7M 1V5

Peter McKenna  
Chair, Board of Health  
Leeds, Grenville & Lanark District Health Unit  
458 Laurier Boulevard  
Brockville ON K6V 7A3

Dear Mayor O'Neill, Mr. Garrod and Mr. McKenna:

I understand that the Boards of Health for the Hastings & Prince Edward Counties, Kingston, Frontenac and Lennox & Addington, and Leeds, and Grenville & Lanark Public Health have passed resolutions to proceed with the next phase of the voluntary merger process for your three public health units. I want to thank you for your vision and dedication to improved public health services in your communities.

Through voluntary mergers, our government is working with local public health agencies to strengthen public health to ensure you have the tools, capacity and stability you need to continue to deliver high quality care to communities across the province, now and for years to come.

A larger organization will help you to bolster your front-line services, cultivate depth of expertise, and facilitate better recruitment and retention of specialized staff and leadership.

Mergers are a key opportunity to strengthen public health services for the families in your region and I look forward to hearing about your next steps in this journey ahead.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones'.

Sylvia Jones  
Deputy Premier and Minister of Health

.../2

-2-

- c: Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
- Dr. Michelle Murti, Associate Chief Medical Officer of Health
- Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health
- Dr. Linna Li, Medical Officer of Health, Leeds, Grenville & Lanark District Health Unit
- Dr. Piotr Oglaza, Medical Officer of Health, Kingston, Frontenac, and Lennox & Addington Health Unit
- Dr. Ethan Toumishey, Medical Officer of Health, Hastings & Prince Edward Counties Health Unit
- Hon. Steve Clark, Member of Provincial Parliament, Leeds-Grenville
- Ted Hsu, Member of Provincial Parliament, Kingston and the Islands
- John Jordan, Member of Provincial Parliament, Lanark-Frontenac-Kingston
- Ric Bresee, Member of Provincial Parliament, Hastings-Lennox and Addington
- Hon. Todd Smith, Member of Provincial Parliament, Bay of Quinte