# AGENDA
# MIDDLESEX-LONDON BOARD OF HEALTH
# Governance Committee

Microsoft Teams
Thursday, October 17, 2024 at 6 p.m.

1. **DISCLOSURE OF CONFLICTS OF INTEREST**

2. **APPROVAL OF AGENDA –** October 17, 2024

3. **APPROVAL OF MINUTES –** April 18, 2024

4. **NEW BUSINESS**

    4.1. October 2024 - Governance Policy Review (Report No. 03-24GC)

5. **OTHER BUSINESS**

The next meeting of the Middlesex-London Board of Health (Governance Committee) will be determined.

6. **ADJOURNMENT**

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

Thursday, April 18, 2024 at 6 p.m.
Microsoft Teams

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| | |
|---|---|
| **MEMBERS PRESENT:** | Michelle Smibert (Committee Chair Appoint)<br>Matthew Newton-Reid<br>Michael Steele<br>Emily Williams, Chief Executive Officer (ex-officio) (Secretary and Treasurer)<br>Dr. Alexander Summers, Medical Officer of Health (ex-officio) |
| **REGRETS:** | Selomon Menghsha |
| **OTHERS PRESENT:** | Stephanie Egelton, Executive Assistant to the Board of Health (recorder)<br>Ryan Fawcett, Manager, Privacy, Risk and Client Relations<br>Aina DeViet, Board Member<br>Dr. Joanne Kearon, Associate Medical Officer of Health<br>Morgan Lobzun, Communications Coordinator, Communications |

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

## MEETING PROCEDURES

### Election of 2024 Governance Committee Chair

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

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that Michelle Smibert be nominated for Chair of the Governance Committee for 2024*.

Carried

Michelle Smibert accepted the nomination.

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

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that Michelle Smibert be acclaimed as Chair of the Governance Committee for 2024.*

Carried

## DISCLOSURES OF CONFLICT OF INTEREST

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

## APPROVAL OF AGENDA

It was moved by **M. Steele, seconded by M. Newton-Reid,** *that the **AGENDA** for the April 18, 2024 Governance Committee meeting be approved.*

Carried

## APPROVAL OF MINUTES

It was moved **M. Newton-Reid, seconded by M. Steele,** *that the **MINUTES** of the November 16, 2023 Governance Committee meeting be approved.*

Carried

## NEW BUSINESS

### 2024 Governance Committee Terms of Reference (Report No. 01-24GC)

Emily Williams, Secretary of the Board of Health introduced the draft 2024 Performance Appraisal Committee Terms of Reference.

E. Williams noted that the Governance Committee is reviewing all of the Committee Terms of Reference at as part of the Governance Policy Review for Policy G-290 Standing and Ad Hoc Committees. Further, E. Williams noted that the Governance Terms of Reference had a very minor change to change the manager title support within the Terms of Reference to "Manager, Privacy, Risk and Client Relations" from the previous manager title of "Manager, Strategy, Risk and Privacy".

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that the Governance Committee recommend to the Board of Health to receive Report No. 01-24GC re: "2024 Governance Committee Terms of Reference" for information.*

Carried

### Governance Policy Review – April 2024 (Report No. 02-24GC)

Emily Williams, Chief Executive Officer introduced Ryan Fawcett, Manager, Privacy, Risk and Client Relations to present the April Governance Policy Review to the Committee.

R. Fawcett noted that there were ten (10) policies for review by the Committee. The Committee previously provided any comments on these policies and they are being presented for discussion and recommendation to the Board of Health.

The policies for review were:

- G-000 Bylaws, Policy and Procedures
- G-010 Strategic Planning
- G-150 Complaints
- G-160 Jordan's Principle
- G-270 Roles and Responsibilities of Individual Board Members
- G-290 Standing and Ad Hoc Committees
- G-340 Whistleblower
- G-360 Resignation and Removal of Board Members
- G-410 Board Member Remuneration and Expenses
- G-480 Media Relations

R. Fawcett noted that the majority of the changes were regarding title changes and general housekeeping items, with three (3) of the policies having more material changes. These changes include:

- G-290 Standing and Ad Hoc Committees: changes to the Performance Appraisal Committee Terms of Reference to reflect new categories as recommended by the Performance Appraisal Committee.
- G-270 Roles and Responsibilities of Individual Board Members: addition of the 70% meeting attendance threshold for Board Member participation.

- G-410 Board Member Remuneration and Expenses: change to remuneration structure based on meeting length and to align with practices from the County of Middlesex per the policy.

Committee Member Michael Steele inquired on more information regarding Board Member remuneration and the rate schedule. E. Williams noted that the current per diem rate was $151.49 and the proposed rate is $177.77, with percentages of pay based on length of a meeting to be in alignment with the City of London and County of Middlesex. S. Egelton clarified that the proposed language within the policy was the same as the language within the County of Middlesex's Remuneration By-law.

It was moved by **M. Newton-Reid, seconded by M. Steele,** *that the Governance Committee recommend to the Board of Health to*:

1) *Receive Report No. 02-24GC re: "Governance Policy Review – April 2024" for information; and*
2) *Approve the governance policies as amended in Appendix B.*

Carried

## OTHER BUSINESS

The next meeting of the Governance Committee is on Thursday, October 17, 2024 at 6 p.m.

## ADJOURNMENT

At **6:08 p.m.**, it was moved by **M. Steele, seconded by M. Newton-Reid,** *that the meeting be adjourned.*

Carried

**MICHELLE SMIBERT**
**Committee Chair**

**EMILY WILLIAMS**
**Secretary**

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**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 03-24GC**

**TO:** Chair and Members of the Governance Committee

**FROM:** Emily Williams, Chief Executive Officer
Dr. Joanne Kearon, Acting Medical Officer of Health

**DATE:** 2024 October 17

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## OCTOBER 2024 - GOVERNANCE POLICY REVIEW

### Recommendation

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

1) *Receive Report No. 03-24GC re: "October 2024 - Governance Policy Review" for information;*
2) *Defer the review of G-210 Investing and G-320 Donations to the November Board of Health meeting; and*
3) *Approve the governance policies as amended in Appendix B.*

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**Report Highlights**

- It is the responsibility of the Board of Health to review and approve governance by-laws and policies.
- Appendix A details recommended changes to the by-laws and policies that have been reviewed by the subcommittees of the Board and outlines the status of all documents contained within the Governance Manual.
- There are thirteen (13) policies that have been prepared for review by the Governance Committee (Appendix B).

### Background

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

### Policy Review

There are eleven (11) policies included as Appendix B that have been reviewed by the Governance Committee and prepared for approval by the Board of Health:

- G-190 Asset Protection

- G-220 Contractual Services
- G-230 Procurement
- G-240 Tangible Capital Assets
- G-250 Reserve and Reserve Funds
- G-310 Corporate Sponsorship
- G-320 Donations
- G-330 Gifts and Honoraria
- G-370 Board of Health Orientation and Development
- G-380 Conflicts of Interest and Declaration
- G-470 Annual Report
- G-500 Respiratory Season Protection

It is noted that there were queries and comments made regarding changes to G-210 Investing and G-320 Donations that require further research. These policies will be brought before either the Committee or Board's consideration at a future meeting.

Appendix A to this report details the recommended changes for the above by-laws/policies and the status of all documents in the Governance Manual.

**Next Steps**

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

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

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

**Joanne Kearon, MD, MSc, MPH, CCFP, FRCPC**
Acting Medical Officer of Health

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

- The Good Governance and Management Practices standard as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.

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

# 2024 Governance By-law and Policy Review Schedule and Recommendations Table

October 2024

| Group | Document Name | Last Review | Status | Recommended Changes<br>Note: Committee Members may add comments both within the policy document and emailed to staff | For Review on |
|---|---|---|---|---|---|
| Board of Health Operations | G-290 Standing and Ad Hoc Committees | 4/18/2024 | Current | | 4/18/2026 |
| Board of Health Operations | G-340 Whistleblower | 4/18/2024 | Current | | 4/18/2026 |
| Board of Health Operations | G-360 Resignation and Removal of Board Members | 4/18/2024 | Current | | 4/18/2026 |
| Board of Health Operations | G-480 Media Relations | 4/18/2024 | Current | | 4/18/2026 |
| Board of Health Operations | G-490 Board of Health Reports and Correspondence | 1/18/2024 | Current | | 1/18/2026 |
| Board Responsibility and Transparency | G-370 Board of Health Orientation and Development | 4/20/2023 | In Review | **Committee Comments:** None<br>**Staff Comments:**<br>Changes to Procedure:<br>- Suggestion to remove 1. Required Pre-Orientation Training as it will be included with self-paced materials.<br>- Suggestion to add 2.2 referencing a special meeting to hold board orientation.<br>- Suggestion to update *Self-Directed* to *Self-Paced.*<br>- 3.1 addition of attestation form. | 10/17/2024 |
| Board Responsibility and Transparency | G-000 Bylaws, Policy and Procedures | 4/18/2024 | Current | | 4/18/2026 |
| Board Responsibility and Transparency | G-010 Strategic Planning | 4/18/2024 | Current | | 4/18/2026 |
| Board Responsibility and Transparency | G-020 MOH and CEO Direction | 04/21/2022 | Current | | 4/21/2024 |

| Group | Document Name | Last Review | Status | Recommended Changes<br>Note: Committee Members may add comments both within the policy document and emailed to staff | For Review on |
|---|---|---|---|---|---|
| Board Responsibility and Transparency | G-030 MOH and CEO Position Descriptions | 10/21/2021 | Current | | 10/21/2023 |
| Board Responsibility and Transparency | G-040 MOH and CEO Selection and Succession Planning | 04/21/2022 | Current | | 4/21/2024 |
| Board Responsibility and Transparency | G-050 MOH and CEO Performance Appraisals | 07/14/2022 | Current | | 4/21/2024 |
| Board Responsibility and Transparency | G-160 Jordan's Principle | 4/18/2024 | Current | | 4/18/2026 |
| Board Responsibility and Transparency | G-270 Roles and Responsibilities of Individual Board Members | 4/18/2024 | Current | | 4/18/2026 |
| Board Responsibility and Transparency | G-470 Annual Report | 10/21/2021 | In Review | **Committee Comments:** None<br>**Staff Comments:** None | 10/17/2024 |
| Financial Activities | G-210 Investing | 11/18/2021 | In Review - Research | **Committee Comments:**<br>Suggestion to add language that speaks to approval pending a certain threshold. It would be appropriate to understand if there are any threshold for approval language.<br>**Staff Comments:**<br>For more fulsome research, this policy will be brought back to a future Board of Health or Governance Committee meeting. | 10/17/2024 |
| Financial Activities | G-220 Contractual Services | 12/09/2021 | In Review | **Committee Comments:**<br>Suggestion to add an early termination clause.<br>**Staff Comments:**<br>Housekeeping changes. | 10/17/2024 |

| Group | Document Name | Last Review | Status | Recommended Changes<br>Note: Committee Members may add comments both within the policy document and emailed to staff | For Review on |
|---|---|---|---|---|---|
| Financial Activities | G-230 Procurement | 12/09/2021 | In Review | **Committee Comments:**<br>App A – suggestion to change *Canada Customs and Revenue Agency* to *Canada Revenue Agency – CRA*.<br>Question if Director, Healthy Organization role still exists.<br>**Staff Comments:**<br>Will make housekeeping changes to modernize and the role Director, Healthy Organization no longer exists – will be removed. | 10/17/2024 |
| Financial Activities | G-240 Tangible Capital Assets | 11/18/2021 | In Review | **Committee Comments:**<br>None<br>**Staff Comments:**<br>Housekeeping changes. | 10/17/2024 |
| Financial Activities | G-250 Reserve and Reserve Funds | 12/09/2021 | In Review | **Committee Comments:** None<br>**Staff Comments:** None | 10/17/2024 |
| Financial Activities | G-310 Corporate Sponsorship | 11/18/2021 | In Review | **Committee Comments:** None<br>**Staff Comments:** None | 10/17/2024 |
| Financial Activities | G-320 Donations | 11/18/2021 | In Review - Research | **Committee Comments:**<br>Question on why MLHU doesn't accept donation of securities. Asking for clarity around donations of material property for which no reliable valuation can be made.<br>**Staff Comments:**<br>For more fulsome research, this policy will be brought back to a future Board of Health or Governance Committee meeting. | 10/17/2024 |
| Financial Activities | G-330 Gifts and Honoraria | 11/18/2021 | In Review | **Committee Comments:**<br>None<br>**Staff Comments:** Housekeeping changes. | 10/17/2024 |

| Group | Document Name | Last Review | Status | Recommended Changes<br>Note: Committee Members may add comments both within the policy document and emailed to staff | For Review on |
|---|---|---|---|---|---|
| Financial Activities | G-410 Board Member Remuneration and Expenses | 4/18/2024 | Current | | 4/18/2026 |
| Risk and Privacy | G-150 Complaints | 4/18/2024 | Current | | 4/18/2026 |
| Risk and Privacy | G-190 Asset Protection | 11/18/2021 | In Review | **Committee Comments:**<br>Suggestion to consider replacement for Associate Director, Finance.<br>**Staff Comments:**<br>Housekeeping changes. replace with Manager, Privacy, Risk and Client Relations as this falls within PRCR portfolio. | 10/17/2024 |
| Risk and Privacy | G-380 Conflicts of Interest and Declaration | 04/21/2022 | In Review | **Committee Comments:**<br>Suggestion to change *Conflict of Interest* to *Pecuniary Interest.*<br>App A – suggestion to replace *In Camera* with *Closed Session.*<br>**Staff Comments:**<br>Making these changes supports consistency with municipal language under the *Municipal Act.* It is noted that some Board Members will still provide a conflict notification even if it is not pecuniary, but perceived conflict. Per the *Municipal Conflict of Interest Act*, the recorder must still note the conflict in the minutes and the Conflict of Interest registry even if it is not a defined conflict. | 10/17/2024 |
| Risk and Privacy | G-500 Respiratory Season Protection | 09/21/2023 | In Review | **Committee Comments:**<br>None<br>**Staff Comments:**<br>Removed mention of protections in place during respiratory season, vaccine status and mandatory masking. | 10/17/2024 |

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# ASSET PROTECTION

## PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) assets, Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of MLHU are adequately insured against physical damage and/or injury and errors and omissions.

## POLICY

The Board of Health shall ensure that assets are reasonably protected and not placed at unnecessary risk or liability, including:

- Actively mitigating risks through planning and policy development (Refer to Policy G-120 Risk Management); and
- Maintaining reasonable insurance coverage against:
    - Fire, theft and casualty losses, with an appropriate deductible;
    - Liability losses for Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of MLHU; and
    - Losses due to errors and omissions for Board of Health members, employees, students, volunteers and any other persons legally engaged on the behalf of MLHU.

The Associate Director, Finance or designate reviews all insurance policies annually with insurance professionals representing the Board of Health and presents any substantive changes in these policies to the Finance and Facilities Committee of the Board of Health for their approval.

The Associate Director, Finance or designate provides proof of insurance as required (Refer to Appendix A – Requests for Insurance Certificates).

## APPENDICES

Commented [MS1]: Consider replacement for "Associate Director, Finance"; otherwise, no changes.

Appendix A – Requests for Insurance Certificates

## RELATED POLICIES

G-120 Risk Management

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**APPENDIX A**
To Policy G-190

# REQUESTS FOR INSURANCE CERTIFICATES

From time to time, staff may be required to provide proof of the Middlesex-London Health Unit's insurance, for example for renting facilities and equipment.

Requests for proof of insurance must be submitted to the Assistant Director, Finance or designate 10 business days prior to the date required by the third party. The request should detail the following:

- Date of the event
- The location and description of the event
- The third-party contact information including name, address and fax number

The Assistant Director, Finance or designate will liaise with the insurance agent to fill the request and ensure the 3rd party receives a copy of the insurance certificate.

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# CONTRACTUAL SERVICES

## PURPOSE

To outline the procedures for negotiating and documenting contractual agreements.

## POLICY

A written contract will be negotiated where there is a risk of contractual liability to the Middlesex London Health Unit (MLHU).

The Board of Health is responsible for the approval of all contracts and agreements and may delegate this authority as specified in Policy G-200 Approval and Signing Authority Policy.

This policy applies to contracts for professional services invoiced on a fee for services basis, but does not apply to employment contracts, which are covered under MLHU's administrative Recruitment & Hiring Policy (5-025). Professional services contracts are for services that generally are not performed by unionized employees.

### Negotiation of the Contract

The Chief Executive Officer/Associate Director/Manager or designate will be responsible for negotiating the contract with the provider/recipient. Where the content of the contract is subject to a provincial policy or standard, the Director/Manager is responsible for ensuring that such policies and standards are followed.

The Chief Executive Officer/Associate Director will call upon the expertise of Procurement as needed to assist in the development, writing and review of the draft contract for services. The Medical Officer of Health or Chief Executive Officer will be consulted prior to executing the contract.

Where there is no recent precedent for the contract or where the contract is for a substantial amount of money or involves significant liability, it is highly recommended that the draft of the contract be submitted for legal review.

A contract, with the exception of short-term contracts, may contain wording that provides for its amendment or early termination.

**Commented [MS1]:**
Should we require an early termination clause? i.e. replace "may" with "should".

All contracts should be fully executed prior to the commencement date for the provision of services.

All original contracts will be filed with Healthy Organization. A copy will be retained by the Associate Director/Manager and by the other party/parties to the contract.

### Contract Terms

Refer to the MLHU Contract Review Checklist (Appendix A) for required contract terms.

### Evaluation of Contracts

Service provision under contract is evaluated informally on an ongoing basis. Periodic review of the contract and its standards will be measured against achievements.

Variances or discrepancies from contract requirements will be addressed in a timely manner by the Director/Manager that negotiated the terms of the contract and/or the Director, Healthy Organization or designate.

All contracts are evaluated before renewal.

## APPENDICES

Appendix A – MLHU Contract Review Checklist

## RELATED POLICIES

G-200 Approval and Signing Authority
G-230 Procurement

1 **MLHU Contract Review Checklist**

| Name of Contractor / Party / Vendor | | | |
|---|---|---|---|
| | | | |
| **Type of Contact** | | **Contact Value** | |
| | | | |
| | | | |
| **Submitter** | | **Approver** | |
| | | | |
| *Please refer to Administrative Policy 4-XXX Approval and Signing Authority* | | | |
| **Reviewed By Manager** | ☑ | **Reviewed by Director** | ☑ |
| | | | |

## 2 MLHU Contract Review Checklist

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

**Commented [MS1]:** No suggestions for changes.

## 3 MLHU Contract Review Checklist

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

## 4 MLHU Contract Review Checklist

| Contract Omissions and/or Variance from Policy | |
|---|---|
| *#* | *Rationale* |
| | |
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# PROCUREMENT

## PURPOSE

To ensure that the Middlesex-London Health Unit (MLHU) obtains the best value when purchasing goods or contracting services.

To ensure MLHU procurement processes and decisions are open, transparent and fair, and comply with obligations set out in the Ontario Public Health Standards (OPHS) and relevant trade agreements.

## POLICY

The protocol (Appendix A) prescribed in this policy shall be followed to make a contract award or to make a recommendation of a contract award to the Board of Health. This ensures that the MLHU procures the necessary quality and quantity of goods and/or services in an efficient, timely and cost-effective manner, while maintaining the controls necessary for a public agency.

The policy encourages an open and competitive bidding process for the acquisition and disposal of good and/or services and the objective and equitable treatment of all vendors.

The policy also ensures the best value is attained for MLHU. This may include, but not be limited to, the determination of the total cost of performing the intended function over the lifetime of the task, acquisition cost, installation, disposal value, disposal cost, training cost, maintenance cost, quality of performance and environmental impact.

## APPENDICES

Appendix A – MLHU Procurement Protocols
Appendix B – CENTRALIZED OFFICE SUPPLIES PROCEDURE

## APPLICABLE LEGISLATION AND STANDARDS

Ontario Public Health Standards
Canadian Free Trade Agreement
Canada-EU Comprehensive Economic and Trade Agreement
Ontario-Quebec Trade and Cooperation Agreement

## RELATED POLICIES

G-200 Approval and Signing Authority
G-220 Contractual Services

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**APPENDIX A**
To Policy G-230

# Middlesex-London Health Unit Procurement Protocols

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# Procurement Protocols
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## 1.0 PURPOSE

To establish sound policies for procuring supplies and services in a manner that is ethical, transparent and accountable. The following are goals of the procurement process:

(1) To ensure objectivity and integrity in the procurement process;
(2) To encourage competition among bidders by using an open, fair and transparent process;
(3) To ensure fair treatment of all bidders;
(4) To obtain the best value by ensuring quality, efficiency and effectiveness;
(5) To be environmentally conscious when procuring goods or services;
(6) Where beneficial, cooperate with other public sector agencies in order to obtain the best possible value;
(7) To promote and incorporate wherever possible in procurement activities, the requirements of the Ontarians with Disabilities Act;
(8) To ensure that living wage is applied to procurement activities;
(9) To adhere to the Code of Ethics of the National Institute of Governmental Purchasing.

## 2.0 GENERAL INFORMATION

(1) The procedures prescribed in these Protocols shall be followed to make a contract award or to make a recommendation of a contract award to the Board of Health.

(2) Unless otherwise provided in accordance with the Procurement Protocols, The CEO, or designate and the authorized employees of the Procurement department shall be responsible for providing all necessary advice and services required for purchases authorized by these Protocols.

(3) No purchase of goods and services shall be authorized unless it is in compliance with the Procurement Protocols.

(4) No purchases shall be divided to avoid any requirements of this policy.

(5) Departments shall initiate purchases for unique department requirements to ensure that purchases are not duplicated in other departments. When corporate purchasing power is a factor, a corporate contract shall be sought.

### 2.1 Glossary of Terms

In these Protocols, unless a contrary intention appears,

“agreement” means a formal written legal agreement or contract for the supply of goods, services, equipment or construction;

“award” means the selection by the Health Unit of one or more bidder(s) for acquisition of goods or services. An award may be executed by means of a purchase order, contract record or formal agreement.

“best value” means the optimal balance of performance and cost determined in accordance with a pre-defined evaluation plan. Best value may include a time horizon that reflects the overall life cycle of a given asset.

“bid” means a response to a competitive bid solicitation or any other offer to sell goods or services, which is subject to acceptance or rejection.

"bidder" means a person, corporation or other entity that responds to a competitive bid.

"bid deposit" means bank drafts, certified cheques, money orders, or bond surety to ensure the successful bidder will enter into a contract.

"blanket purchase contract" means any contract for the purchase of goods and services which will be required frequently or repetitively but where the exact quantity of goods and services required may not be precisely known or the time period during which the goods and services are to be delivered may not be precisely determined.

"certificate of clearance" means a certificate issued by an authorized official of the Workplace Safety and Insurance Board certifying that the Board waives its rights under subsection 141(10) of the Workplace Safety and Insurance Act, as amended.

"conflict of interest" means a situation, real or perceived, that could give a bidder or consultant an unfair advantage during a procurement process.

means a situation in which financial or personal considerations have the potential to compromise or bias professional judgement and objectivity.

means a situation where a personal or business interest of a Board Member, Director, and employees of the Health Unit, who is involved in the process of procuring goods or services, is in conflict or appear to come into conflict with the interests of the Health Unit.

"contract" means any formal or deliberate written agreement for the purchase of goods, services, equipment or construction;

"contract record" is a document which outlines the terms and conditions of the agreement;

"designate" means the person(s) assigned the duties and responsibilities on behalf or in the absence of the person charged with the principal authority to take relevant action or decision.

"director" means the head of a specific division of the Health Unit.

"employee – employer relationship" refers to the definition utilized by the Canada Customs and Revenue Agency.

**Commented [MS1]:** "Canada Revenue Agency" - CRA

"executed agreement" means a form of agreement, either incorporated in the bid documents or prepared by the Health Unit or its agents, to be executed by the successful bidder and the Health Unit.

"goods and services" includes supplies, materials and equipment of every kind required to be used to carry out the operations of the Health Unit.

"insurance documents" means certified documents issued by an insurance company licensed to operate by the Government of Canada or the Province of Ontario certifying that the bidder is insured in accordance with the Health Unit's insurance requirements as contained in the bid documents;

"irregular result" means that in any procurement process where competitive bids or proposals are submitted and any of the following has occurred or is likely to occur:

(i) The lowest responsive bid or proposal exceeds the estimated cost or budget allocation;
(ii) For any reason the award of the contract to or the purchase from the lowest responsive bidder or proponent is procedurally inappropriate or not in the best interests of the Corporation;
(iii) The specifications of a tender call or request for proposal cannot be met by two or more suppliers;
(iv) A negotiated result in accordance with section 4.5 of these Protocols; or
(v) Concurrence cannot be achieved between the Director and The CEO, or designate regarding the award of contract.

"irregularities contained in bids" is defined in Appendix "A" and includes the appropriate response to those irregularities;

"non-compliant" means the response to the bid does not conform to the mandatory or essential requirements contained in the invitation to bid.

"professional service supplier" means a supplier of services requiring professional skills for a defined service requirement including:

(i) Architects, engineers, designers, management and financial consultants; and
(ii) Firms or individuals having specialized competence in environmental, planning or other disciplines.

"purchase order" means the purchasing document used to formalize a purchasing transaction with a vendor;

"purchase requisition" means a written or electronically produced request in an approved format and duly authorized to obtain goods or services;

"quotation" means a request for prices on specific goods and/or services from selected vendors which are submitted verbally, in writing or transmitted by facsimile as specified in the Request for Quotation;

"request for expression of interest" is a focused market research tool used to determine vendor interest in a proposed procurement. It may be issued simultaneously with a Request for Qualifications when the proposed procurement is well defined and the purchaser has clear expectations for the procurement.

"request for information" is used prior to issuing a competitive call as a general market research tool to determine what products and services are available, scope out business requirements, and/or estimate project costs;

"request for proposal" means a process where a need is identified, but the method by which it will be achieved is unknown at the outset. This process allows vendors to propose solutions or methods to arrive at the desired result;

"responsible" means a bidder who is deemed to be fully capable, technically and financially, to supply the goods or services requested in the solicitation.

"responsive" means a bid or offer which correctly and completely responds to all of the requirements of the competitive process.

"sealed bid" means a formal sealed response received as a part of a quotation, tender or proposal;

"single source" is a non-competitive procurement method whereby purchases are directed to one supplier even though there is more than one source in the open market.

"sole source" is a non-competitive procurement method whereby purchases are directed to one source of supply as no other source is qualified or capable of providing the goods or services.

"supplier" means any individual or organization providing goods or services to the Health Unit including but not limited to contractors, consultants, vendors, service organizations etc.

"Tender" means a sealed bid which contains an offer in writing to execute some specified services, or to supply certain specified goods, at a certain price, in response to a publicly advertised request for bids;

"Triggering event" means an occurrence resulting from an unforeseen action or consequence of an unforeseen event, which must be remedied on a time sensitive basis to avoid a material financial risk to the Health Unit or serious or prolonged risk to persons or property;

"Value Analysis" typically refers to a life cycle costing approach to valuing a given alternative, which calculates the long term expected impacts of implementing the particular option;

**2.2 Documentation**

(1) In order to maintain consistency, the CEO, or designate shall provide protocols to Divisions on procurement policies and procedures and on the structure, format and general content of procurement documentation.

(2) The CEO, or designate shall review proposed procurement documentation to ensure clarity, reasonableness and quality and shall advise the Services Areas of suggested improvements.

(3) Procurement documentation shall avoid use of specific products or brand names.

(4) Notwithstanding Subsection 2.2 (3), a Division may specify a specific product, brand name or approved equal for essential functionality purposes to avoid unacceptable risk or for some other valid purpose. In such instances, the CEO or designate shall manage the procurement to achieve a competitive situation if possible.

(5) The use of standards in procurement documentation that have been certified, evaluated, qualified, registered or verified by independent nationally recognized and industry-supported organizations such as the Standards Council of Canada shall be preferred.

(6) Divisions shall:
   (i) give consideration to the need for value analysis comparisons of options or choices,
   (ii) if required, ensure that adequate value analysis comparisons are conducted to provide assurance that the specification will provide best value, and

(iii) forward the value analysis to Procurement for documentation in the procurement file.

(7) The Manager, Procurement and Operations in conjunction with the Division shall issue bid documents for goods and services. The Procurement and Operations Department shall give notice of the purchasing procurement documents electronically via the Internet as well as any other means as appropriate.

(8) These Protocols or any provision of it may be amended by the Senior Leadership Team from time to time as long as, any change(s) is operational in nature and does not significantly alter the intention or goal of the Protocol.

**2.3 The Accessibility for Ontarians with Disabilities Act (AODA)**

In deciding to purchase goods or services through the procurement process for the use of itself, its employees or the public, the Health Unit, to the extent possible, shall have regard to the accessibility for persons with disabilities to the goods or services.

**2.4 Living Wage Considerations**

As a living wage employer, competitive procurement processes will include provisions that require the Contractor to pay all employees who are employed by the Contractor to perform services at Middlesex-London Health Unit not less than the Living Wage, as set by Living Wage London. Living wage considerations are only included in procurement activities where contractual services are rendered at the Middlesex London Health Unit on an ongoing basis. Example of these include: janitorial services and security. Please refer to livingwagelondon.ca for additional details.

**2.5 Environmental Considerations**

In order to contribute to waste reduction and to increase the development and awareness of environmentally sound purchasing, acquisitions of goods and services will ensure that, wherever possible, specifications are amended to provide for expanded use of durable products, reusable products and products (including those used in services) that contain the maximum level of post-consumer waste and/or recyclable content, without significantly affecting the intended use of the product or service. It is recognized that cost analysis is required in order to ensure that the products are made available at competitive prices.

### 2.6 Summary of Procurement Process

#### 2.6.1 Chart 1 – Procurement Goals

| Goal | Description |
|---|---|
| 1. Effective | The extent to which the procurement process is achieving its intend results. The desired outcomes are substantive or quality results as opposed to process results. |
| 2. Objective | The procurement of goods and services made in an unbiased way and not influenced by personal preferences, prejudice or interpretations. |
| 3. Fair | Applying the policies equally to all bidders. |
| 4. Open and Transparent | Is the clarity and disclosure about the process for arriving at procurement decisions. While promoting openness and transparency, the Procurement Protocol should be governed by the legal considerations for confidentiality and the protection of privacy. |
| 5. Accountable | Is the obligation to answer for procurement results and for the way that procurement responsibilities are delegated. |
| 6. Efficient | Measures the quality, cost and amount of goods and services procured as compared to the time, money and effort to procure them. |

**2.6.2**

**Chart 2 Summary of Procurement Processes**

| Purchasing Option | Description | When to use this option | How to use this option | How to choose the appropriate vendor using this option | Who awards/ Comments |
|---|---|---|---|---|---|
| **Formal Request for Proposals**<br><br>*Relates to Sections 4.1.3 & 4.1.4 of the Procurement Protocol* | Vendors are asked to submit a description of how they would address a problem or need along with the costs associated with their solution. | There is a complex problem or need for which there is no clear single solution; and<br><br>The anticipated cost is equal to or greater than $100,000. | Procurement must be involved;<br><br>Specific written information must be provided to Procurement by the Division to initiate;<br><br>Bids are solicited through an open process that includes public advertisements. | A Selection Committee evaluates each bid;<br><br>A numeric evaluation tool is developed to assess the quality of the bid; Cost will always be a factor<br><br>The bid with the best score and meets the minimum requirements is awarded the contract | The MOH and/or CEO is informed when the lowest bid is not being recommended.<br><br>Board of Health authorizes the awarding of the contract. |
| **Informal Request for Proposals**<br><br>*Relates to Sections 4.1.2 & 4.1.4 of the Procurement Protocol* | Vendors are asked to submit a description of how they would address a problem or need along with the costs associated with their solution. | There is a complex problem or need for which there is no clear single solution; and<br><br>The anticipated cost is less than $100,000. | Procurement must be involved;<br><br>Specific written information must be provided to Procurement by the Division to initiate.<br><br>Bids are solicited on an invitational basis from a pre-determined bidder list but must be<br>Bids should be posted on a website to provide a single point of access, free of charge. | A Selection Committee evaluates each bid;<br><br>A numeric evaluation tool is developed to assess the quality of the bid; Cost will always be a factor.<br><br>The bid with the best score and meets the minimum requirements is awarded the contract | The MOH or CEO awards the contract. |

| Purchasing Option | Description | When to use this option | How to use this option | How to choose the appropriate vendor using this option | Who awards/ Comments |
|---|---|---|---|---|---|
| **Request for Tender**<br><br>*Relates to Section 4.2 of the Procurement Protocol* | Vendors are asked to submit a cost for the work that is specified through a competitive bid process | A clear or single solution exists; and<br><br>The anticipated costs is equal to or greater than $100,000 | Procurement must be involved;<br><br>Specific written information must be provided to Procurement by the Division to initiate;<br><br>Bids should be posted on a website to provide a single point of access, free of charge. | A public opening is required with specific people in attendance;<br><br>Procurement integrates all the bids and recommends vendor with the lowest bid who meets requirements, subject to review by Division Director. | Board of Health awards the contract. |
| **Formal Request for Quotations**<br><br>*Relates to Section 4.3.3.2 of the Procurement Protocol* | Vendors are asked to submit a cost for the work that is specified through an invitational process from pre-determined bidders | A clear or single solution exists; and<br><br>The anticipated cost is between $50,000 and less than $100,000. | Procurement must be involved;<br><br>Specific written information must be provided to Procurement by the Division to initiate;<br><br>Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge. | Divisions review the bids;<br><br>Procurement integrates all the bids and recommends vendor with the lowest bid who meets requirements, subject to review by Division Director. | The MOH or CEO awards the contract. |

| Purchasing Option | Description | When to use this option | How to use this option | How to choose the appropriate vendor using this option | Who awards/ Comments |
|---|---|---|---|---|---|
| **Informal Request for Quotations**<br><br>*Relates to Section 4.3.3.1 of the Procurement Protocol* | Vendors are asked to submit a cost for the work that is specified through an invitational process from pre-determined bidders | A clear or single solution exists; and<br><br>The anticipated cost is between $10,000 and less than $50,000 | Involvement of Procurement is not required but available;<br><br>Bids are solicited on an invitational basis from a pre-determined bidder list but may be posted on a website to provide a single point of access, free of charge.<br><br>A minimum of 3 bids should be obtained although more are encouraged. | Division chooses the appropriate vendor based on the vendor who meets the specifications at the lowest cost. | The MOH or CEO awards the contract. |
| **Informal, low value procurement**<br><br>*Relates to Section 4.4 of the Procurement Protocol* | Quotes are obtained via phone (and confirmed in writing), fax, email, or similar communication methods or vendor advertisements or catalogues | A clear or single solution exists; and<br><br>The anticipated cost is between $5,000 and less than $10,000. | Involvement of Procurement is not required but available;<br><br>A minimum of 3 bids are sought and more cost effective methods may be used such as quotes received by electronic submission, hardcopy, verbal (and confirmed in writing). | Division chooses the appropriate vendor based on the vendor who meets the specifications at the lowest cost. | The Division Director awards the contract.<br><br>The MOH and/or CEO is informed, prior to awarding the contract, if the lowest quote is not being accepted. |

| Purchasing Option | Description | When to use this option | How to use this option | How to choose the appropriate vendor using this option | Who awards/ Comments |
|---|---|---|---|---|---|
| **Non-competitive purchases**<br><br>*Relates to Sections 3.0 and 5.11 of the Procurement Protocol* | No bids or quotes are required for purchase but informal bids are encouraged. | The anticipated cost is less than $5,000; | | Not applicable | Purchases under $5,000 a Board report is not required.<br><br>Award is made based on signing authority governed in Policy G-200 |
| | | Greater than $5,000 and only a single vendor exists; or<br><br>During an emergency; or<br><br>The vendor has particular expertise.<br><br>See Protocols for further indications. | The requirement for competitive bid solicitation may be waived under joint authority of the Director and MOH or CEO.<br><br>The CEO or designate manages the process/negotiations. | Not applicable | A written report will be submitted to the Board of Health<br><br>The Board of Health awards contracts greater than $50,000 unless it is an emergency under section 3.3 of the Procurement Protocols;<br><br>The MOH or CEO awards contracts for values of greater than $5,000 but less than $50,000 |

## 3.0 NON-COMPETITIVE PURCHASES

### 3.1 Goals

The primary goals of a non-competitive purchase are to allow for procurement in an efficient and timely manner.

### 3.2 Requirements

(1) The requirement for competitive bid solicitation for goods, services and construction may be waived if the item is less than $5,000.

(2) Alternatively, under joint authority of the appropriate Director and the MOH or CEO, the requirement for competitive bid solicitation for goods, services and construction may be replaced with negotiations by the CEO, or designate under the following circumstances:

(i) where competition is precluded due to the application of any Act or legislation or because of the existence of patent rights, copyrights, technical secrets or controls of raw material;

(ii) where due to abnormal market condition, the goods, services or construction required are in short supply;

(iii) where only one source of supply would be acceptable and cost effective;

(iv) where there is an absence of competition for technical or other reasons and the goods, services or construction can only be supplied by a particular supplier and no alternative exists;

(v) where the nature of the requirement is such that it would not be in the public interest to solicit competitive bids as in the case of security or confidentiality matters;

(vi) where in the event of an *"Emergency"* as defined by these Protocols, a requirement exists; or

(vii) where the requirement is for a utility for which there exists a monopoly.

(3) When a Director/Manager intends to select a supplier to provide goods, services or construction pursuant to subsection 3.2(2), a written report indicating the compelling rationale that warrants a non-competitive selection will be submitted by the Division to the Board of Health.

(4) For contracts between $5,000 and $49,999, the MOH or CEO awards the contract.

(5) For contracts of $50,000 and over the Board of Health approves the contract, unless section 3.3 applies.

### 3.3 Procurement in Emergencies

(1) In subsection 3.2(1)(vi) "Emergency" includes

(i) an imminent or actual danger to the life, health or safety of a member of the Board of Health, volunteer or an employee while acting on the Health Unit's behalf;

(ii) an imminent or actual danger of injury to or destruction of real or personal property belonging to the Board of Health;

(iii) an unexpected interruption of an essential public service;

(iv) an emergency as defined by the Emergency Plans Act, R.S.O. 1990, Chapter E.9 and the emergency plan formulated thereunder by the Health Unit;

(v) a spill of a pollutant as contemplated by Part X of the Environmental Protection Act, R.S.O. 1990, Chapter E.19; and

(vi) mandate of a non-compliance order.

(2) Where, in the opinion of the MOH or CEO or in their absence the Associate Medical Officer of Health, an emergency has occurred,

(i) the CEO, or designate on receipt of a requisition authorized by a Director and the MOH / CEO or designate may initiate a purchase order in excess of the pre-authorized expenditure limit; and
(ii) any purchase order issued under such conditions together with a source of financing shall be justified and reported to the next meeting of the Board of Health following the date of the requisition.

**3.4 Direct Negotiations**

(1) Unless otherwise provided in accordance with the Procurement Protocols, goods and services may be purchased using the Direct Negotiation method only if one or more of the following conditions apply:

(i) the required goods and services are reasonably available from only one source by reason of the scarcity of supply in the market or the existence of exclusive rights held by any supplier or the need for compatibility with goods and services previously acquired and there are no reasonable alternatives or substitutes.
(ii) the required goods and services will be additional to similar goods and services being supplied under an existing contract;
(iii) an attempt to purchase the required goods and services has been made in good faith using a method other than Direct Negotiation under section 4.0 of these Protocols which has failed to identify a successful supplier and it is not reasonable or desirable that a further attempt to purchase the goods and services be made using a method other than Direct Negotiation.
(iv) the goods and services are required as a result of an emergency, which would not reasonably permit the use of a method other than Direct Negotiation.
(v) the required goods and services are to be supplied by a particular vendor or supplier having special knowledge, skills, expertise or experience.

## 4.0 COMPETITIVE PROCESSES

### 4.1 Request For Proposal

#### 4.1.1 Goals

To implement an effective, objective, fair, open, transparent, accountable, and efficient process for obtaining unique proposals designed to meet broad outcomes to a complex problem or need for which there is no clear or single solution.

#### 4.1.2 Informal Process Requirements

(1) The Informal Request for Proposal procedure shall be used where:

(i) the item is less than $100,000;
(ii) the requirement is best described in a general performance specification;
(iii) innovative solutions are sought; and
(iv) To achieve best value, the award selection will be made on an evaluated point per item or other method involving a combination of mandatory and desirable requirements.

(v) Bids are solicited on an invitational basis from a pre-determined bidder list but must be posted on a website to provide a single point of access, free of charge.
(vi) The MOH or CEO awards the contract.
(vii) A report to the Board of Health is required if the lowest bid is not accepted.

#### 4.1.3 Formal Process Requirements

(1) A Formal Request for Proposal procedure shall be used where:

(i) the item is greater than $100,000;
(ii) the requirement is best described in a general performance specification;
(iii) innovative solutions are sought; and
(iv) to achieve best value, the award selection will be made on an evaluated point per item or other method involving a combination of mandatory and desirable requirements.

(2) Bids are solicited through an open process that includes public notice.

(3) The MOH and/or CEO is informed when the lowest bid is not being recommended.

(4) The Board of Health authorizes the award of the contract.

#### 4.1.4 General Process

(1) The Request for Proposal method of purchase is a competitive method of purchase that may or may not include Vendor pre-qualification.

(2) A Request for Information or Request for Expression of Interest may be issued in advance of a proposal to assist in the development of a more definitive set of terms and conditions, scope of work/service and the selection of qualified Vendors.

(3) Where the requirement is not straightforward or an excessive workload would be required to evaluate proposals, either due to their complexity, length, number or any combination thereof, a procedure may be used that would include a pre-qualification phase.

(4) Procurement shall maintain a list of suggested evaluation criteria for assistance in formulating an evaluation scheme using a Request for Proposal. This may include factors such as qualifications and experience, strategy, approach, methodology, scheduling and past performance, facilities, equipment, and pricing.

(5) Divisions shall identify appropriate criteria from the list maintained by Procurement for use in a Request for Proposal but are not limited to criteria from the list. Cost will always be included as a factor, as best value includes both quality and cost.

(6) The Division shall provide to the CEO, or designate with a purchase request in writing containing the budget authorization, approval authority, terms of reference and evaluation criteria to be applied in assessing the proposals submitted.

(7) A Selection Committee, comprised of a minimum of one representative from the Division and the CEO, or designate, shall review all proposals against the established criteria, reach consensus on the final rating results, and ensure that the final rating results, with supporting documents, are kept in the procurement file.

(8) During the proposal process all communication with bidders shall be through Procurement.

(9) The CEO, or designate shall forward to the Director(s) an evaluation summary of the procurement, as well as the Committee's recommendation for award of contract to the supplier meeting all mandatory requirements and providing best value as stipulated in the Request for Proposal. Where the lowest bid is not accepted, the Director is responsible for documenting the determination of best value, in a confidential report to the MOH and/or CEO prior to award of contract.

(10) With respect to all Board reports initiated for requests for proposals, the report shall include the sources of financing, summary of major expenditure categories, and other financial commentary as considered appropriate.

(11) Reporting will not include summaries of bids as this information will remain confidential. Any disclosure of information shall be made by the appropriate officer in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990.

(12) Unsuccessful proponents may, upon their request, attend a debriefing session with Procurement to review their bid submission. Discussions relating to any bid submissions other than that of the proponent present will be strictly prohibited.

(13) The Health Unit reserves the right to accept or reject any submission.

### 4.2 Request For Tender

#### 4.2.1 Goals

To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.

#### 4.2.2 Requirements

Request for Tender procedures shall be used where:

(i) the item is greater than $100,000;
(ii) the requirement can be fully defined; and
(iii) best value for the Board of Health can be achieved by an award selection made on the basis of the lowest bid that meets specifications.

#### 4.2.3 General Process

(1) The Director or designate shall provide to the CEO, or designate a purchase request in writing containing the relevant specifications, budget authorization, approval authority and terms and conditions for the purchase of goods, services or construction.

(2) CEO, or designate shall be responsible for posting the bid on an external website for the procurement opportunity.

(3) CEO, or designate shall be responsible for arranging for the public opening of tender bids at the time and date specified by the tender call. There shall be in attendance at that time,

(i) CEO, or designate and
(ii) At least one representative from the requesting Division(s)
(iii) If the CEO, or designate is not available, the MOH or the CEO designate may act on their behalf.
(iv) The chair of the Board of Health shall be invited

(4) Procurement shall forward to the Director a summary of the bids and recommend the award of contract to the lowest responsive bidder, subject to review by the Director or designate regarding specifications and contractor performance.

(5) With respect to all Board reports initiated for tenders, the report shall include the sources of financing, summary of major expenditure categories, and other financial commentary as considered appropriate. The Board will approve such contracts.

(6) The Health Unit reserves the right to accept or reject any submission.

### 4.3 Request For Quotation

#### 4.3.1 Goals

To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.

#### 4.3.2 Requirements

(1) Request for Quotation procedures shall be used where:

(i) the item is greater than $10,000 but not greater than $100,000;
(ii) the requirement can be fully defined; and
(iii) best value for the Health Unit can be achieved by an award selection made on the basis of the lowest bid that meets specifications.

(2) Competitive bid solicitation is done primarily on an invitational basis from a pre-determined bidders list but may be supplemented with posting the bid on a website to provide a single point of access free of charge.

#### 4.3.3 General Process

##### 4.3.3.1 Informal Quotation Process (Greater than $10,000 but no greater than $50,000)

(1) These protocols are provided to assist a Division should it exercise its authority to purchase goods or services between $10,000 and $50,000 without the involvement of the Procurement Team. However, the division should inform Procurement of any purchases prior to finalizing the process. Protocols are organized by objective as follows:

(i) OBJECTIVE 1: Efficiency

Purchases must be for unique Division requirements, and therefore not duplicated in other Divisions, such that Health unit purchasing power or standardization is not a factor in costing. Requirements cannot be split in order to qualify for this process.

(ii) OBJECTIVE 2: Competitive Process

A competitive process is undertaken whereby a minimum of 3 bids is obtained, and the lowest compliant bid is awarded the contract. Care must be taken as to how bids are sought, bidders lists are maintained and how competition is encouraged. Although a minimum of 3 bids is required, an open process without a minimum number of bids will be more competitive, and is encouraged.

(iii) OBJECTIVE 3: Open process

Division needs are communicated to bidders, who are able to bid on goods or services they are qualified to provide. There should be no limitation of bids to an established listing. Divisions should check with the Procurement and Operations Department to determine if there is an established list of potential relevant service providers that they may have for this purpose. An allowable exception to this, would be where in a formal process a short list was determined as a result of another competitive process (such as RFP), which has a pre-qualifying process to determine a short list.

(iv) OBJECTIVE 4: Transparent process

The process is undertaken based on clear definition of the product or service requirement, and a clear outline of the review and criteria to be undertaken. The decision to choose the low bidder will be based solely on the requirements as documented, the bidder document, and the application of the review criteria. The same decision should be arrived at each time given the same set of facts.

(v) OBJECTIVE 5: Fair process

The process will be fair, such that no action is undertaken by Health Unit staff to allow any given bidder an unfair advantage. This does not however, require Health Unit action to ensure that existing conditions are changed to ensure that any conversion costs from an incumbent to another supplier are ignored in an evaluation – it is in the best interest of the Health Unit to ensure that such "leveling of the playing field" is not required.

(vi) OBJECTIVE 6: Insurance and Risk Management

The Health Unit's standard Insurance form (if required) must be completed and forwarded to the CEO, or designate for review and input into the Insurance Program. WSIB certificates of clearance (if required) must also be submitted to the CEO, or designate at the commencement of the project and periodically as the work is completed.

(2) The MOH or CEO awards the contract.

#### 4.3.3.2 Formal Quotation Process ($50,000 to $99,999)

(1) The Director or designate shall provide to the CEO, or designate a purchase request in writing containing the relevant specifications, budget authorization, approval authority and terms and conditions for the purchase of goods, services or construction.

(2) The Division shall be responsible to review the quote submission and verify that all specifications of the quote are met.

(3) Procurement shall forward to the Director a summary of the bids and recommend the award of contract to the lowest responsive quote subject to review by the Director or designate regarding specifications and contractor performance.

(4) The MOH or CEO awards the contract.

(6) The Health Unit reserves the right to accept or reject any submission.

### 4.4 Informal, Low Value Procurement

#### 4.4.1 Goals

To obtain competitive pricing for a one-time procurement in an expeditious and cost effective manner through phone, fax, e-mail, other similar communication method, vendor advertisements or vendor catalogues.

#### 4.4.2 Requirements

(i) the item is greater than $5,000 but not greater than $10,000;
(ii) the requirement can be fully defined; and
(iii) best value for the Health Unit can be achieved by an award selection made on the basis of the lowest bid that meets specifications.

#### 4.4.3 General Process

(1) A minimum of 3 bids must be received. They may be obtained in a more cost-effective manner such as phone, fax, e-mail and current vendor advertisements or catalogues.

(2) The Division shall be responsible to ensure that all specifications are met.

(3) The Division Director may award the contract.

(4) The Division Director shall forward to the CEO, or designate all relevant procurement documentation including bid summaries to be included in the procurement file.

(5) The MOH and/or CEO will be informed, prior to awarding a contract, if the lowest bid/quote is not being accepted.

(6) The Health Unit has the right to cease negotiations and reject any offer.

## 5.0 BID AND CONTRACT ADMINISTRATION

### 5.1 Bid Submission

(1) Bids shall be delivered in paper form (if required) to the CEO, or designate at the time and date specified in the bid solicitation.

(2) The opening of bids shall commence shortly after the time specified by the tender call unless the CEO, or designate acting reasonably postpones the start to some later hour, but the opening shall continue, once started, until the last bid is opened.

(3) Any bids received by the CEO, or designate later than the specified closing time shall be returned unopened to the bidder.

(4) A bidder who has already submitted a bid may submit a further bid at any time up to the official closing time and date specified by the bid solicitation. The last bid received shall supersede and invalidate all bids previously submitted by that bidder.

(5) A bidder may withdraw their bid at any time up to official closing time by letter bearing their signature as in his or her bid submitted to the CEO or designate.

(6) A tender requiring an appropriate bid deposit shall be void if such security is not received in the manner specified in section 5.5 and if no other bid is valid, the CEO, or designate shall direct what action is to be taken with respect to the recalling of tenders.

(7) All bidders may be requested to supply a list of all subcontractors to be employed on a project. Any changes to the list of subcontractors or addition thereto must be approved by the Director responsible for the project.

### 5.2 Lack of Acceptable Responses to Requests

(1) Where bids are received in response to a bid solicitation but exceed budget, are not responsive to the requirement, or do not represent fair market value, a revised solicitation shall be issued in an effort to obtain an acceptable bid.

(2) In the case of building construction contracts, where the total cost of the lowest responsive bid is in excess of the budget approved by the Board of Health, negotiations shall be made in accordance with the protocols established by the Canadian Construction Documents Committee.

(3) The Health Unit has the right to cease negotiations and reject any offer.

### 5.3 Equal Bids

(1) If two or more bids are equal and are the lowest bid, the Health Unit will offer an opportunity for the tied bidders to re-bid. Should a tie persist the following factors will be considered:

(i) prompt payment discount,
(ii) when delivery is an important factor, the bidder offering the best delivery date be given preference,
(iii) a bidder in a position to offer better after sales service, with a good record in this regard shall be given preference,

(iv) a bidder with an overall satisfactory performance record shall be given preference over a bidder known to have an unsatisfactory performance record or no previous experience with the Health Unit,
(v) if (i) through (iv) do not break the tie equal bidders shall draw straws.

**5.4 Insufficient Responses to Requests**

(1) In the event only one bid is received in response to a request for tender, the CEO, or designate may return the unopened bid to the bidder when, in his/her opinion, additional bids could be secured. In returning the unopened bid the CEO, or designate shall inform the bidder that the Health Unit may be recalling the tender at a later date.

(2) In the event that only one bid is received in response to a request for tender, the bid may be opened in accordance with the Health Unit's usual procedures when, in the opinion of the CEO, or designate with consultation with appropriate Director, the bid should be considered by the Health Unit. If, after evaluation the bid is found not to be acceptable, they may follow the procedures set out in Subsection 5.2

(3) In the event that the bid received is found acceptable, it will be awarded as an Irregular result under Appendix "A" of the Purchasing Protocols.

**5.5 Guarantees of Contract Execution and Performance**

(1) The CEO, or designate may require that a bid be accompanied by a Bid Deposit to guarantee entry into a contract.

(2) In addition to the security referred to in Subsection 5.5 (1), the successful supplier may be required to provide,

(i) a Performance Bond to guarantee the faithful performance of the contract,
(ii) a Labour & Material Bond to guarantee the payment for labour and materials to be supplied in connection with the contract and,
(iii) an irrevocable letter of credit.

(3) The CEO, or designate shall select the appropriate means to guarantee execution and performance of the contract. Means may include one or more of, but are not limited to, financial bonds or other forms of security deposits, provisions for liquidated damages, progress payments, and holdbacks.

(4) When a bid deposit is required the CEO, or designate shall determine the amount of the bid deposit which may be 10 percent of the estimated value of the work prior to bidding or an amount equal to 10 percent of the bid submitted.

(5) Prior to commencement of work and where deemed appropriate, evidence of Insurance Coverage satisfactory to the Health Unit's Insurer must be obtained, ensuring indemnification of the Health Unit from any and all claims, demands, losses, costs or damages resulting from the performance of a supplier's obligations under the contract.

(6) When a performance bond or labour and material bond is required, the amount of the bond shall be 50% of the amount of the tender bid, unless the CEO, or designate recommends and the Board of Health approves a higher level of bonding.

(7) If the risk to the Health Unit is not adequately limited by the progress payment provisions of the contract, a payment holdback shall be considered.

(8) A minimum payment holdback of 10 percent is mandatory for all construction contracts.

(9) The CEO, or designate may release the holdback funds on construction contracts upon:

(i) the contractor submitting a statutory declaration that all accounts have been paid and that all documents have been received for all damage claims,
(ii) receipt of clearance from the Workplace Safety and Insurance Board for any arrears of Workplace Safety and Insurance Board assessment,
(iii) all the requirements of the Construction Lien Act, R.S.O. 1990, being satisfied,
(iv) receipt of certification from the Health Unit Solicitor, where applicable, that liens have not been registered, and
(v) substantial performance

(10) The conditions for release of holdback funds provided in Subsection 5.5 (9) apply to other goods or services contracts with necessary modifications.

(11) The Health Unit is authorized to cash and deposit any bid deposit cheques in the Health Unit's possession which are forfeited as a result of non-compliance with the terms, conditions and/or specifications of a sealed bid.

**5.6 Requirement at Time of Execution**

(1) The successful bidder, if requested in the tender document shall submit the following documentation in a form satisfactory to the Health Unit within ten working days after being notified in writing to do so by the Health Unit:

(i) executed performance bonds and labour and material bonds;
(ii) executed agreement;
(iii) insurance documents in compliance with the tender documents;
(iv) declarations respecting the Workplace Safety and Insurance Board;
(v) certificate of clearance from the Workplace Safety and Insurance Board; and
(vi) any other documentation requested to facilitate the execution of the contract (e.g. proof of required licenses and/or certificates).

**5.7 Contractual Agreement**

(1) The award of contract may be made by way of a formal agreement, or Purchase Order.

(2) A Purchase Order is to be used when the resulting contract is straightforward and will contain the Health Unit's standard terms and conditions.

(3) A formal agreement is to be used when the resulting contract is complex and will contain terms and conditions other than the Health Unit's standard terms and conditions.

(4) It shall be the responsibility of the Director or designate with the CEO, or designate and/or the Health Unit's Solicitor to determine if it is in the best interest of the Health Unit to establish a formal agreement with the supplier.

(5) Where it is determined that Subsection 5.7 (4) is to apply, the formal agreement should be made in accordance to Health Unit Policy 4-90, Contractual Services.

(6) Where a formal agreement is issued, Procurement may issue a Purchase Order incorporating the formal agreement.

(7) Where a formal agreement is not required, Procurement shall issue a Purchase Order incorporating the terms and conditions relevant to the award of contract.

**5.8 Contract Amendments and Revisions**

(1) No amendment or revision to a contract shall be made unless the amendment is in the best interest of the Health Unit.

(2) No amendment that changes the price of a contract shall be agreed to without a corresponding change in requirement or scope of work.

(3) Amendments to contracts are subject to the identification and availability of sufficient funds within the Board of Health approved operating budget.

(4) Health Unit staff may authorize amendments to contracts provided that their signing authority level, as outlined in Health Unit policies 4-90, 4-110, has not been exceeded. For clarity, the required authority level is the total of the original contract price plus any amendments.

(5) Where expenditures for the proposed amendment combined with the price of the original contract exceeds Board of Health approved budget for the project, a report prepared by the Director shall be submitted to the Board of Health recommending the amendment, and proposing the source of financing.

**5.9 Contract Review/Renewal**

(1) Where a contract contains an option for renewal, the Director may authorize the CEO, or designate to exercise such option provided that all of the following apply:

(i) the supplier's performance in supplying the goods, services or construction is considered to have met the requirements of the contract,
(ii) the Director and Director, Healthy Organization, or designate agree that the exercise of the option is in the best interest of the Health Unit,
(iii) funds are available in the Board of Health approved operating budget to meet the proposed expenditure.

**Commented [MS2]:** Two comments, otherwise very thorough!

**Commented [MS3]:** Does this role still exist?

(iv) a valid business case has been completed.

(2) The business case shall be authorized by the Director and shall include a written explanation as to why the renewal is in the best interest of the Health Unit and include commentary on the market situation and trend.

**5.10 Exclusion of Vendors from Competitive Process**

**5.10.1 Exclusion of Bidders in Litigation**

(1) The Health Unit may, in its absolute discretion, reject a Tender or Proposal submitted by the bidder if the bidder, or any officer or director of the bidder is or has been engaged, either directly or indirectly through another corporation, in a legal action against the Health Unit, its elected or appointed officers and employees in relation to:

(i) Any other contract or services; or
(ii) Any matter arising from the Health Unit's exercise of its powers, duties, or functions.

(2) In determining whether or not to reject a quotation, tender or proposal under this clause, the Health Unit will consider whether the litigation is likely to affect the bidder's ability to work with the Health Unit, its consultants and representatives, and whether the Health Unit's experience with the bidder indicates that the Health Unit is likely to incur increased staff and legal costs in the administration of the contract if it is awarded to the bidder.

**5.10.2 Exclusion of Bidders Due to Poor Performance**

(1) The Director shall document evidence and advise the CEO, or designate in writing where the performance of a supplier has been unsatisfactory in terms of failure to meet contract specifications, terms and conditions or for Health and Safety violations.

(2) The Health Unit may, in consultation with its Solicitor, prohibit an unsatisfactory supplier from bidding on future Contracts for a period of up to three years.

**5.11 Single/Sole Source**

(1) The procurement of materials, parts, supplies, equipment or services without competition (See also Section 3.0), is done under exceptional and limited circumstances.

(2) In circumstances where there may be more than one source of supply in the open market, but only one of these is recommended for consideration on the grounds that it is more cost effective or beneficial to the Health Unit approval must be obtained from the Medical Officer of Health & Chief Executive Officer, and the CEO, or designate prior to negotiations with the single source.

(3) In the event 5.4 (2) applies and the expenditure will exceed $50,000, approval must be obtained from the Board of Health prior to negotiations with the single source. The Director or designate shall be responsible for submitting a report detailing the rationale supporting the use if the single source.

(4) If the Health Unit requires goods, services or equipment deemed to be available from only one source of supply, and where the expenditure will exceed $50,000, the Director or designate with the concurrence of the Medical Officer of Health & Chief Executive Officer, and the Procurement & Operations Manager shall obtain approval from the Board of Health to waive the competitive procurement process.

**5.12 Blanket Purchases**

(1) A Request for a Blanket Purchase Contract may be used where:

(i) one or more Division repetitively order the same goods or services and the actual demand is not known in advance, or
(ii) a need is anticipated for a range of goods and services for a specific purpose, but the actual demand is not known at the outset, and delivery is to be made when a requirement arises.

(2) Procurement shall establish and maintain Blanket Purchase Contracts that define source and price with selected suppliers for all frequently used goods or services.

(3) To establish prices and select sources, Procurement shall employ the provisions contained in these Protocols for the acquisition of goods, services and construction.

(5) More than one supplier may be selected where it is in the best interests of the Health Unit and the bid solicitation allows for more than one.

(5) Where purchasing frequently used good or services is initiated by a Division, it is to be made with the supplier or suppliers listed in the Blanket Purchase Contract.

(6) In a Request for Blanket Purchase Contract, the expected quantity of the specified goods or services to be purchased over the time period of the agreement will be as accurate an estimate as practical and be based, to the extent possible, on previous usage adjusted for any known factors that may change usage.

**5.13 Custody of Documents**

(1) The CEO, or designate shall be responsible for the safeguarding of original purchasing and contract documentation for the contracting of goods, services or construction and will retain documentation in accordance to the records retention policy.

**5.14 Co-operative Purchasing**

(1) The Health Unit shall participate with other government agencies or public authorities in Co-operative Purchasing where it is in the best interests of the Health Unit to do so.

(2) The decision to participate in Co-operative Purchasing agreements will be made by the CEO , or designate.

(3) The policies of the government agencies or public authorities calling the cooperative tender are to be the accepted policy for that particular tender.

**5.15 Receipt of Goods**

(1) The Director or designate shall,

(i) arrange for the prompt inspection of goods on receipt to confirm conformance with the terms of the contract, and
(ii) inform the CEO, or designate of discrepancies immediately.

(2) The CEO, or designate shall coordinate an appropriate course of action with the Director for any non-performance or discrepancies.

**5.16 Receipt of Services**

(1) The Director or designate shall:

(i) ensure the performance of the services is maintained in a satisfactory manner and in keeping with the terms of the contract and/or agreement.
(ii) Division staff are to document any discrepancies in the performance of services.
(iii) Inform the CEO, or designate of poor performance
(iv) Inform the CEO, or designate of any breach of contract and/or agreement.

**5.17 Reporting to Board of Health**

(1) The CEO, or designate shall submit to the Board of Health an information report each Board of Health meeting containing the details for all contracts awarded that exceed $50,000 including amendments and renewals. The report shall certify that the awards are in compliance with the Purchasing Protocols.

(2) The CEO, or designate shall submit annually to the Board of Health an information report containing a list of suppliers for which the Health Unit has been invoiced a cumulative total value of $100,000 or more in a calendar year. The list shall include total payments.

**5.18 Direct Solicitation of Divisions**

(1) Unsolicited Proposals received by the Health Unit shall be reviewed the CEO, or designate.

(2) Any procurement activity resulting from the receipt of an Unsolicited Proposal shall comply with the provisions of the Procurement Protocols.

(3) A contract resulting from an Unsolicited Proposal shall be awarded on a noncompetitive basis only when the procurement complies with the requirements of a non-competitive procurement found in section 3.0 above.

**5.19 Lobby**

(1) The Health Unit is committed to the highest standard of integrity with respect to the procurement process. Any activity designed to influence the decision process, including but not limited to, contacting board members, consultants and employees for such purposes as meetings of introduction, social events or meals shall result in disqualification of the bidder. The Health Unit will be entitled to reject a bid submission if any representative or bidder, including any parties that may be involved in a joint venture, consortium, subcontractor or supplier relationship, makes any representation or solicitation to any Board of Health member or employee.

**5.20 Local Preference**

(1) In accordance with the Discriminatory Business Practices Act as amended, there shall be no local preference given to any bidder when awarding a bid.

**5.21 Interference in Procurement Process**

(1) Board members and employees shall not cause or permit anything to be done or communicated to anyone in a manner which is likely to cause any potential bidder to have an unfair advantage or disadvantage in obtaining a contract for goods and services.

(2) Board members shall separate themselves from the procurement process and have no involvement whatsoever in specific procurements. Board members should not see any documents or receive any information related to a particular procurement while the process is ongoing. Board members who receive inquiries from bidders related to a specific procurement shall immediately direct those inquiries to the Director of Healthy Organization.

**5.22 Resolution of Questions of Protocol**

(1) Any question involving the meaning or application of these Protocols is to be submitted to the CEO, or designate who will resolve the question.

**5.23 Access to Information**

(1) The disclosure of information received relevant to the issue of bid solicitations or the award of contracts resulting from bid solicitations shall be made by the appropriate officers in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, as amended.

(2) All records and information pertaining to tenders, proposals and other sealed bids, which reveal a trade secret or scientific, technical, commercial, financial or other labour relations information, supplied in confidence implicitly or explicitly, shall remain confidential if the disclosure could reasonably be expected to:

(i) prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organizations;
(ii) result in similar information no longer being supplied to the Health Unit where it is in the public interest that similar information continue to be so supplied;
(iii) result in undue loss or gain to any person, group, committee or financial institution or agency; or
(iv) result in information whose disclosure could reasonably be expected to be injurious to the financial interests of the Health Unit.

**5.24 Protocol Amendment**

(1) These Protocols or any provision of it may be amended by the Senior Leadership Team from time to time as long as, any change(s) is operational in nature and does not significantly alter the intention or goal of the Protocols.

## 6.0 CAPITAL ASSET PURCHASES/IMPROVEMENTS AND DISPOSAL

(1) All construction, renovations or alterations to leased premises under $50,000 must be reviewed and approved by Chief Executive Officer, or designate. Projects over $50,000 require the authorization of the Board of Health.

(2) All purchases of computer hardware (including peripheral equipment) and software will be administered by the Manager, Information Technology.

(3) All purchase of furniture will be administered by the CEO, or designate.

(4) Procurement will be notified upon receipt of all purchases involving capital assets to ensure proper accounting and asset-tracking methods are applied.

(5) Procurement will maintain an inventory of all capital assets that is in accordance to the Public Service Accounting Board guidelines (PSAB) and Generally Accepted Accounting Principles (GAAP).

**Disposal of Assets**

(6) All Divisions shall notify the CEO, or designate when items become obsolete or surplus to their requirements. The CEO, or designate shall be responsible for ascertaining if the items can be of use to another Division rather than disposed of.

(7) Items that are not claimed for use by another Division may be sold. If there is no suitable market, then the item could be considered for donation.

## 7.0 EXCLUDED GOODS AND SERVICES

The following purchases of goods and services are excluded from the Procurement Protocols:

(1) Purchases under the Petty Cash policy

(2) Training and Education including:
- (i) Conferences
- (ii) Courses
- (iii) Conventions
- (iv) Subscriptions
- (v) Memberships
- (vi) Association fees
- (vii) Periodicals
- (viii) Seminars
- (ix) Staff development and training including all related equipment, resources, and supplies
- (x) Staff workshops including all related equipment, resources, and supplies

(3) Refundable Employee Expenses including:
- (i) Cash advances
- (ii) Meal allowance
- (iii) Travel expenses
- (iv) Accommodation

(4) Employer's General Expenses including:
- (i) Payroll deductions remittances
- (ii) Medicals
- (iii) Insurance premiums
- (iv) Tax remittances

(5) Licenses, certificates, and other approvals required.

(6) Ongoing maintenance for existing computer hardware and software.

(7) Professional and skilled services to clients as part of Health Unit programs including but not limited to medical services (Clinics), counseling services, Speech and Language services and child care.

(8) Other Professional and Special Services up to $100,000 including:

- (i) Additional non-recurring Accounting and Auditing Services
- (ii) Legal Services
- (iii) Auditing Services
- (iv) Banking Services
- (v) Group Benefits (including Employee Assistance Program)
- (vi) General Liability Insurance
- (vii) Realty Services regarding the Lease, Acquisition, Demolition, Sale and Appraisal of Land.

## 8.0 REVIEWING AND EVALUATING EFFECTIVENESS

(1) The Health Unit's Finance department may review and test compliance with the Procurement Protocols during annual audits and report any non-compliance to the MOH or CEO.

(2) The Senior Leadership Team may review the Protocols annually to ensure the goals and objectives are being met.

## APPENDICES

### Appendix A

### IRREGULARITIES CONTAINED IN BIDS

| IRREGULARITY | RESPONSE |
|---|---|
| 1. Late Bids | Automatic rejection, not read publicly and returned unopened to the bidder. |
| 2. Unsealed Envelopes | Automatic rejection |
| **3.** Insufficient Financial Security (No bid deposit or insufficient bid deposit) | Automatic rejection |
| **4.** Failure to insert the name of the bonding company in the space provided for in the Form of Tender. | Automatic rejection |
| 5. Failure to provide a letter of agreement to bond where required. | Automatic rejection |
| **6.** Incomplete, illegible or obscure bids or bids which contain additions not called for, erasures, alterations, errors or irregularities of any kind. | May be rejected as informal |
| **7.** Documents, in which all necessary Addenda have not been acknowledged. | Automatic rejection |
| 8. Failure to attend **mandatory** site visit. | Automatic rejection |
| 9. Bids received on documents other than those provided by the Health Unit. | Automatic rejection |
| 10. Failure to insert the Tenderer's business name in one of the two spaces provided in the Form of Tender. | Automatic rejection |
| **11.** Failure to include signature of the person authorized to bind the Tenderer in the space provided in the Form of Tender. | Automatic rejection |
| **12.** Conditions placed by the Tenderer on the Total Contract Price. | Automatic rejection |
| 13. Only one bid is received. | a) Bid returned unopened if additional bids could be secured. |

| IRREGULARITY | RESPONSE |
|---|---|
| | b) If the bid should be considered in the opinion of the CEO , or designate, and is found acceptable, then it may be awarded. |
| 14. Bids Containing Minor Mathematical Errors | a) If the amount tendered for a unit price item does not agree with the extension of the estimated quantity and the tendered unit price, or if the extension has not been made, the unit price shall govern and the total price shall be corrected accordingly<br>b) If both the unit price and the total price are left blank, then both shall be considered as zero.<br>c) If the unit price is left blank but a total price is shown for the item, the unit price shall be established by dividing the total price by the estimated quantity.<br>d) If the total price is left blank for a lump sum item, it shall be considered as zero.<br>e) If the Tender contains an error in addition and/or subtraction and/or transcription in the approved tender documentation format requested (i.e. not the additional supporting documentation supplied), the error shall be corrected and the corrected total contract price shall govern.<br>f) Tenders containing prices which appear to be so unbalanced as to likely affect the interests of the Health Unit adversely may be rejected. |

**Appendix B**

**Summary of Types of Procurement with Goals**

| Competitive Process Seeking Multiple Bids or Proposals | | | | Non-Competitive Procurement |
|---|---|---|---|---|
| **Request for Proposal** | **Request for Tender** | **Request for Quotation** | **Informal Low Value Procurement** | |
| To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining unique proposals designed to meet broad outcomes to a complex problem or need for which there is no clear or single solution.<br><br>To select the proposal that earns the highest score and meets the requirements specified in the competition, based on qualitative, technical and pricing considerations. | To implement an effective, objective, fair, open, transparent, accountable and efficient process for obtaining competitive bids based on precisely defined requirements for which a clear or single solution exists.<br><br>To accept the lowest bid meeting the requirements specified in the competition. | Same as for Request for Tender, except that bid solicitation is done primarily on an invitational basis from a pre-determined bidders list but may be supplemented with posting the bid on a website to provide a single point of access, free of charge. | To obtain competitive pricing for a one-time procurement in an expeditious and cost effective manner through phone, fax, e-mail, other similar communication method, vendor advertisements or vendor catalogues. | To allow for procurement in an efficient and timely manner without seeking competitive pricing. |

**Appendix C**

**Procurement Circumstances**

| Item | Competitive Process Seeking Multiple Bids or Proposals | | | | Non-Competitive Procurement |
|---|---|---|---|---|---|
| | **Request for Proposal** | **Request for Tender** | **Request for Quotation** | **Informal, Low Value Procurement** | |
| Dollar value of procurement | > $100,000 | > $100,000 | $10,000-$100,000 | $5,000 - $10,000 | < $5,000 or Any value, subject to proper authorization |
| Purchaser has a clear or single solution in mind and precisely defines technical requirements for evaluating bids or proposals | Rarely | Always | | | |
| In evaluating bids/proposals from qualified bidders, price is the primary factor and is not negotiated | Low to Moderate Likelihood | Always | | | Not Applicable |

**Appendix D**

**Descriptive Features of Procurement Processes**

| Item | Competitive Process Seeking Multiple Bids or Proposals | | | | Non-Competitive Procurement |
|---|---|---|---|---|---|
| | Request for Proposal | Request for Tender | Request for Quotation | Informal, Low Value Procurement | |
| Sealed bids or sealed proposals required | Always | | | Not Applicable | |
| Issue a Request for Information or a Request for Expressions of Interest/Pre-qualification prior to or in conjunction with a call for bids or proposals | Moderate to High Likelihood | Low to Moderate Likelihood | | Not Applicable | |
| Post Period | If greater than $100,000, Bid documents must be posted for 40 days | 40 days | 14 days | Not Applicable | |
| Notice Periods | If greater than $100,000, Within 72 Days of award of Contract, notice must be published on the tendering website with the names, description, date of award, value of successful proposal | Within 72 Days of award of Contract, notice must be published on the tendering website with the names, description, date of award, value of successful tender | Not Applicable | Not Applicable | |

| Item | Competitive Process Seeking Multiple Bids or Proposals | | | | Non-Competitive Procurement |
|---|---|---|---|---|---|
| | **Request for Proposal** | **Request for Tender** | **Request for Quotation** | **Informal, Low Value Procurement** | |
| Transparency | If Greater than $100,000, Promptly inform participating suppliers of contract award decisions and on request of the supplier in writing. On request, must explain why losing bid lost | Promptly inform participating suppliers of contract award decisions and on request of the supplier in writing. On request, must explain why losing bid lost | Should consider | Not Applicable | |
| Negotiations | May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous | May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous | May conduct negotiations with suppliers if (a) it's provided in proposal notice (b) it appears during evaluation that no tender is most advantageous | Not Applicable | |
| Formal process used to pre-qualify bidders/ proponents (i.e. Request for Pre-qualification) | Moderate to High Likelihood | | Low Likelihood | Not Applicable | |
| Seek bids or proposals from known bidders/ proponents (Bidders List) | Moderate to High Likelihood | Low to Moderate Likelihood | Always | Moderate to High Likelihood | |

**Appendix D (Cont'd)**

**Descriptive Features of Procurement Processes (Cont'd)**

| Item | Competitive Process Seeking Multiple Bids or Proposals | | | | Non-Competitive Procurement |
|---|---|---|---|---|---|
| | **Request for Proposal** | **Request for Tender** | **Request for Quotation** | **Informal Low Value Procurement** | |
| Two-envelope[1] or similar multi-stage approach used | Moderate to High Likelihood | Not Applicable | | | |
| Bids or proposals opened and reviewed at a meeting (Public or not[2]) | Always | Always | Moderate to High Likelihood | Not Applicable | |
| Type of agreement with supplier | Purchase order, legally executed agreement, or blanket contract (standing agreement/offer). | | | Purchase by cash, purchase order, or credit card. | Cash, purchase order, credit card, legally executed agreement, or blanket contract (standing agreement/offer) . |
| May include In-house bidding in addition to external bidding | No | | | Not applicable | |

**Appendix E**

[1] In the two-envelope approach, qualitative and technical information is evaluated first and pricing information in a separate envelope is evaluated thereafter only if the qualitative and technical information meet a minimum score requirement predetermined by the municipality/local Board. For more details, see Appendix F.

[2] This may depend on the nature proprietary information. Additionally, refer to By-law #3 Proceedings of the Board of Health for when items may be considered "in-camera" and exemptions that may apply under Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Freedom of Information and Protection of Privacy Act (FIPPA).

## THE "TWO-ENVELOPE" PROCUREMENT PROCESS

The two-envelope approach is used when the purchaser wants to evaluate the technical and qualitative information of a given proposal without being influenced by prior knowledge of the corresponding pricing information. Proposal evaluation is done usually by a team of staff from possibly more than one department who have relevant expertise for making the evaluation.

In the two-envelope approach, each proponent must submit qualitative and technical information in a sealed envelope (envelope one) and pricing information in a second sealed envelope (envelope two). The contents of envelope one are evaluated and scored according to pre-determined criteria such as relevant firm experience, project team's qualifications/experience, personnel time allocation, understanding of scope of work, methodology/thoroughness of approach, quality and completeness of proposal submission, etc.

When the scoring of envelope one is completed, then the pre-determined process for moving to envelope two is followed. In some procurement strategies, a minimum score threshold is in place at envelope one, and only proposals which meet or exceed that threshold are eligible to proceed to the opening of envelope two and subsequent price evaluation. If a proposal is not eligible to proceed to price evaluation, the proponent is disqualified from further consideration and the second envelope is returned to the proponent unopened.

For each proposal where envelope two is opened, the bid price(s) are scored according to the pre-determined process. The particular procurement and evaluation strategy will dictate the process for scoring the price and subsequently taking the scores from the envelope one and envelope two processes into account, resulting in a total evaluated score for the proposal. The total evaluated scores are ranked, and the proposal with the highest ranked score is considered the successful proposal, unless council or the local Board, as applicable, decides otherwise. In the event of a tie, the pre-determined process for handling a tie is followed.

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# TANGIBLE CAPITAL ASSETS

## PURPOSE

To prescribe the accounting treatment for tangible capital assets so that investments in property, plant and equipment are reflected on the Middlesex-London Health Unit's (MLHU) financial statements in order to comply with Section 3150 of the Public Sector Accounting Board (PSAB) Handbook.

## POLICY

The principal issue regarding tangible capital assets (TCA) is the recognition of the assets and the determination of amortization charges. This policy sets forth how MLHU gathers and maintains information needed to prepare financial statements in regard to tangible capital assets.

**Capitalization and Asset Categories**

Tangible capital assets should be capitalized (recorded in the fixed asset sub-ledger) according to the following asset classes per year:

| Asset Class | Useful Life (Years) |
|---|---|
| Leasehold Improvements | 5-20 |
| Computer Systems | 4 |
| Motor Vehicles | 5 |
| Furniture and Equipment | 7 |

*Assets under construction are not amortized until the asset is available for productive use.
*MLHU must have legal title to the assets in order for the asset to qualify as a capital asset.

**Valuation of Assets**

Tangible capital assets should be recorded at cost plus all related charges necessary to place the asset in its intended location and condition for use.

Purchased Assets – The cost is the gross amount paid to acquire the asset and includes all non-refundable taxes and duties, freight and delivery charges, installation and site preparation costs etc., net of any trade discounts or rebates.

Acquired, Constructed or Developed Assets – The cost includes all costs directly attributable (e.g. construction, architectural and other professional fees) to the acquisition, construction or development of the asset. Capitalization of general administrative overhead is not permitted.

Donated or Contributed Assets – The cost of donated or contributed assets is equal to the fair value at the date of construction or contribution. Fair value may be determined using market or appraisal values.

**Amortization**

The cost, less any residual value, of a tangible capital asset with a limited life should be amortized over its useful life in a rational and systematic manner appropriate to its nature and use. (PSAB 3150.22)

Amortization should be accounted for as an expense in the statement of operations. A record is still required for assets still in use, but already fully amortized. Amortization does not commence until the asset is available for use. In the year an asset is put into service, half of the applicable amortization is expensed. The method of asset amortization, threshold levels and estimated useful life will be reviewed on an annual basis.

**Disposal**

The Associate Director, Finance must be notified when assets become surplus to operations. Disposal procedures for capital assets will be in accordance with Policy G-230 Procurement.

**Capital Leases**

Any capital lease shall be accounted for in the same manner as acquiring a capital asset.

**Reporting**

PSAB 3150.40 requires that the financial statements disclose, for each major category of tangible capital assets and in total:

a) Cost at the beginning of the period;
b) Additions in the period;
c) Disposals in the period;
d) The amount of any write-downs in the period;
e) The amount of amortization of the costs of tangible capital assets for the period;
f) Accumulated amortization at the beginning and end of the period; and
g) Net carrying amount at the beginning and end of the period.

**Method for Determining Initial Cost of Each Asset Category**

Where feasible, an inventory of all assets will be conducted. A master list of assets will be created, identified by category and updated as assets are acquired or disposed of. Assets which are old and still in use past their normal amortization period will still be recorded.

## DEFINITIONS

**"Amortization"** is the accounting process of allocating the cost less the residual value of a tangible capital asset to operating periods as an expense over its useful life. (Also referred to as depreciation.)

**"Betterments"** are subsequent expenditures on tangible capital assets that:

- Increase service capacity
- Lower associated operating costs
- Extend the useful life of the asset
- Improve the quality of the asset

Commented [MS1]: No suggestions.

These costs are included in the tangible capital asset's cost. Any other expenditure would be considered a repair or maintenance and expensed in the period in which the expense was incurred.

**"Capital Lease"** is a lease with contractual terms that transfer substantially all the benefits and risks inherent in ownership of property to MLHU. One or more of the following conditions must be met:

a) There is reasonable assurance that MLHU will obtain ownership of the leased property by the end of the lease term;
b) The lease term is of such duration that MLHU will receive substantially all of the economic benefits expected to be derived from the use of the leased property over its life span; and/or
c) The lessor would be assured of recovering the investment in the leased property and of earning a return on the investment as a result of the lease agreement.

**"Capitalization Threshold"** is the minimum amount that expenditures must exceed before they are capitalized and reported on the balance sheet of the financial statements. Items not meeting the threshold would be recorded as an expense in the period in which the expense was incurred. Management should use appropriate discretion for individual items under $100 in value with a service life exceeding four years (minimum amortization period for capital assets).

**"Group Assets (Pooling)"** have an individual value below the capitalization threshold but have a material value as a group. Although recorded in the financial systems as a single asset, each unit may be recorded in the asset sub-ledger for monitoring and control of its use and maintenance. Examples could include computers, furniture and fixtures, small moveable equipment etc.

**"Tangible Capital Assets"** are non-financial assets having physical substance that:

a) Are used on a continuing basis in MLHU's operations;
b) Have useful lives extending beyond one year; and
c) Are not held for re-sale in the ordinary course of operations.

**"Useful Life"** is the shortest of the asset's physical, technological, commercial or legal life.

## APPLICABLE LEGISLATION

Public Sector Accounting Board (PSAB) Handbook

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# RESERVE AND RESERVE FUNDS

## PURPOSE

To provide a process for establishing, maintaining, and using reserves and reserve funds.

## POLICY

The maintenance of reserves and reserve funds is an acceptable business practice that helps to protect the Middlesex-London Health Unit (MLHU) and its funders from future funding liabilities. In order for MLHU to address one-time or short-term expenditures, either planned or unplanned, which arise, it is necessary to maintain reserves and/or reserve funds.

MLHU will attempt to offset any unexpected expenditures within the annual operating budget for all MLHU programs where possible without jeopardizing programs.

### Establishment of Reserves and Reserve Funds

Any reserve and reserve fund will be established by resolution of the Board of Health which will provide the purpose or use, maximum contributions, and expected timelines for contributions and drawdowns. (Refer to Appendix A for a list of MLHU reserves and reserve funds.)

Any reserve or reserve fund is to be held in accordance to Policy G-210 Investment.

### Contributions and Drawdowns

Any planned contributions and drawdowns to the reserves or reserve funds will be included in the annual operating budget approved by the Board of Health. Any audited unexpended municipal funds are eligible for transfer to a reserve or reserve fund by resolution of the Board of Health subject to consultation with municipal councils.

Any unplanned withdrawals from the reserves or reserve funds will be approved by resolution of the Board of Health.

Any contributions to reserves or reserve funds that include funding from municipal sources will be made using the same municipal apportionment used for funding public health programs.

### Limits

The maximum contributions to a reserve fund shall not exceed the amount required to fulfill the specific requirement.

The maximum contributions to reserves for any particular operating year shall not exceed 2% of gross revenues found on the annual statement of operations of the audited financial statements.

The maximum cumulative reserves shall not exceed 10% of gross revenues found on the annual statement of operations of the audited financial statements.

**Annual Reporting**

An annual report will be provided to the obligated municipalities outlining the transactions of the reserve and reserve funds during the previous year. Where possible, planned or future contributions and drawdowns will be included.

## DEFINITIONS

**"Reserves"** mean amounts set aside by resolution of the Board of Health that are carried year to year mainly as contingencies against unforeseen events or emergencies.

**"Reserve Funds"** mean amounts set aside for specific purposes by resolution of the Board of Health. They are carried from year to year unless consumed or formally closed.

## APPENDICES

Appendix A – MLHU Reserve and Reserve Fund Summary

## RELATED POLICIES

G-210 Investment

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**APPENDIX A**
To Policy G-250

# MIDDLESEX-LONDON HEALTH UNIT
# RESERVE/RESERVE FUND SUMMARY

Commented [MS1]: No suggestions.

**Funding Stabilization Reserve**

**Purpose:**
The Funding Stabilization Reserve Fund is required to ensure the ongoing financial stability and fiscal health of MLHU. Generally, the use of these funds falls within these three categories:

1) *Operating and Environmental Emergencies* – highest priority and are based on public safety and demand nature of the expenditure.
2) *Revenue Stability and Operating Contingency* - intended to stabilize the impacts of cyclical revenue downturns and operating cost increases that are largely temporary and not within MLHU's ability to adjust in the short-term.
3) *Innovation* – incentive to encourage creativity and innovation, funds maybe be used to explore innovative and creative solutions directed towards making MLHU more efficient and effective.

**Fund Limit:**
Total fund balance shall not exceed 10% of gross revenues in any given year.

**Maximum Yearly Contribution:**
Annual contributions to the fund shall not exceed 2% of gross revenues in the year the contribution is made.

**Technology & Infrastructure Reserve Fund**

**Purpose:**
The Technology and Infrastructure Reserve is established to create a funding source for buildings and infrastructure capital projects, new equipment purchases and capital replacement programs. Use of the reserve is restricted to the following types of purchases:

- Major construction, acquisition, or renovation activities as approved by the Board
- Major purchases of information technology software or hardware.
- Vehicle, furniture and/or equipment replacement

**Fund Limit:**
$ 2 million

**Maximum Yearly Contribution:**
Annual contributions = $250,000

**Employment Costs Reserve Fund**

**Purpose:**
Contributions are available to maintain services by alleviating the impact of the growth of wages and/or benefits and other related employment costs.

**Fund Limit:**
$200,000

**Maximum Yearly Contribution:**
Annual contributions = $200,000

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# CORPORATE SPONSORSHIP

## PURPOSE

To provide guidelines to maximize revenue opportunities while safeguarding the Middlesex-London Health Unit's (MLHU) corporate values, image, reputation, assets and interests.

## POLICY

MLHU welcomes and encourages sponsorship, in accordance with this policy, to advance the work of the organization.

This policy applies to sponsorship, defined as a mutually agreed to arrangement, prepared in writing, between MLHU and an external party (organization or individual referred to as the "sponsor"), where the sponsor contributes money, goods or services to an MLHU facility, program, project or special event in return for recognition, acknowledgement, or other promotional considerations or benefits.

MLHU reserves the right to reject any unsolicited sponsorships that have been offered, and to refuse to enter into agreements for any sponsorships that may have been solicited by MLHU.

This policy does not apply to donations, gifts in-kind or advice where no business relationship or association is contemplated or is required and where no reciprocal consideration is being sought. (Refer to Policy G-320 Donations where applicable.)

### Conflict of Interest

The policy applies to all employees and Board members, and all relationships between MLHU and the sponsor. Employees/Board members must not receive direct professional, personal or financial gain from an affiliation with the sponsor. MLHU must be vigilant at all times to avoid any real or apparent conflict of interest in accepting sponsorships. (Refer to Policy G-380 Conflict of Interest and Declaration.)

### Brand Preservation

The sponsorship must enhance, not impede, MLHU's ability to act in the best interest of the public. Agreements shall not in any way invoke future consideration, influence or be perceived to influence the day to day operations of MLHU. MLHU will maintain complete control of all funds provided from sponsors. MLHU's intangible intellectual assets, including name and logo, will be protected at all times. Sponsors will not be permitted to use MLHU's name or logo for any commercial purpose or in connection with the promotion of any product. MLHU will not provide product or service endorsements or allow commercial product promotions. Use of the MLHU logo by other agencies must be approved by Communications.

MLHU aims to preserve and protect its image and reputation at all times, and therefore, will not solicit or accept sponsorship from companies whose products or services are inconsistent with MLHU's mission, vision, values or health promotion messaging. In compliance with the World Health Organization (WHO) International Code of Marketing of Breast-Milk Substitutes, corporations in the production or distribution of breast milk substitutes will not be considered for sponsorship under any circumstances. Consideration can be given to subsidiary companies as long as the parent company is not promoted.

**Impact Assessment**

There may be legal, administrative, professional practice or other considerations (e.g. labour relations, budget, resourcing, health promotion messaging etc.) that should be reviewed and clarified before entering into any type of sponsorship agreement. (Refer to Appendix A Corporate Sponsorship Assessment Form and Appendix B Corporate Sponsorship Agreement/Contract.)

**Sponsorship Agreements**

All sponsorship opportunities must be reviewed by the Division Director with consultation as appropriate, before any agreement is signed. Execution of any sponsorship agreement must comply with Policy G-200 Approval and Signing Authority. All sponsorships regardless of their value must have a signed agreement, which clearly outlines the responsibilities of all parties.

Sponsorship agreements that are entered into which span greater than one year, are to be evaluated on an annual basis by the Assistant Director, Finance to ensure that the criteria have been met, and will continue to be met. Any changes by MLHU to the sponsorship agreement will be forwarded to the appropriate authorizing person as per Policy G-200 Approval and Signing Authority.

When activities are planned in partnership with other organizations, and a sponsorship agreement is involved, consensus about the corporate sponsorship must be achieved among all partners. All parties must sign off on the sponsorship agreement.

How the sponsor is recognized or acknowledged must be included in the sponsorship agreement.

**Solicitation**

The solicitation process for sponsorship does not need to follow the competitive procurement process for quotes. Any other situations that are an exception to this Policy will be reviewed by the Chief Executive Officer (CEO) and the Board of Health if required.

## DEFINITIONS

**"Charitable Donation"** A free or philanthropic contribution or gift, usually to a charity or public institution. It could be in the form of goods, services or funds given with expectation of a tax receipt.

**"Corporate Sponsorship"** Is a marketing-oriented, contracted partnership between a corporation and a not-for-profit organization with obligations and benefits to both parties. What

distinguishes corporate sponsorship from a charitable donation is the expectation for corporate recognition. A corporation may choose to sponsor an organization on a short or long-term basis by providing funding, goods or services. Corporations may use sponsorship as a deductible business expense. Examples of corporate sponsorship are:

- Donating products for contests
- Printing of materials
- Donating supplies, equipment, food or people
- Providing mailing services
- Funding for specific programs or activities
- Providing meeting space
- Naming rights

**"Sponsorship Arrangement"** Is a business arrangement whereby the partner commits resources (monies and/or in-kind resources) to support a specific project or activity but does not share in the profits or underlying risks of the project. The partner contributes funds to an event, program or even a capital project and receives a benefit (e.g., specific image and marketing opportunities) from the associated publicity.

**"Sponsorship Agreement"** The document which outlines the terms and conditions of the Sponsorship Arrangement and outlines the responsibilities of all parties.

**"Endorsement"** A formal and explicit approval or a promotional statement for a product or service of a corporation.

**"Naming Rights"** A type of sponsorship in which an external company, organization, enterprise, association or individual purchases the exclusive right to name an asset or venue (e.g., a library building, sports facility or part of a facility - an ice pad within a multi-pad facility, etc.) for a fixed or indefinite period of time. Usually naming rights are considered in a commercial context, which is that the naming right is sold or exchanged for significant cash and/ or other considerations under a long-term arrangement.

**"Solicitation"** Act or instance of requesting or seeking bid, business, or information.

## APPENDICES

Appendix A – Corporate Sponsorship Assessment Form
Appendix B – Corporate Sponsorship Agreement

## RELATED POLICIES

G-320 Donations
G-330 Gifts and Honoraria
G-200 Approval and Signing Authority

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**Appendix A**
To Policy G-310

## Corporate Sponsorship Assessment Form

**Commented [MS1]:** No suggestions.

1. Name of Proposed Sponsor: _____

   Name of Sponsor Contact Person: _____

   Name of MLHU Contact Person: _____

2. Any prior philanthropic association with MLHU?

   Yes ☐ No ☐

   Describe: _____

   _____

   _____

3. What is the nature of the proposed sponsorship?

   Division: _____

   Project or Event: _____

   Describe: _____

   _____

   _____

4. How will this relationship advance the overall health of the community and/or the mission of the MLHU?

   _____

   _____

   _____

5. Is the sponsor's mission and project or service compatible with MLHU's mission?

   Yes ☐ No ☐

6. Outline any potential conflict of interest (real or apparent).

   _____

   _____

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**Appendix A**
To Policy G-310

7. Optimal timing for submission of requests for sponsorship proposal to company.

_____

8. Information on company sponsorship approval process.

_____

9. What does the Corporate Sponsor require from MLHU for their approval process?

_____

_____

_____

10. Corporate Sponsor's Annual Report and Strategic Plan obtained:

Yes ☐ No ☐ N/A ☐

11. Has another MLHU Division or project stated an intention to solicit from this sponsor?

Yes ☐ No ☐

12. Probable response to this sponsorship relationship within:

| | Unfavourable | Neutral | Favourable |
|---|---|---|---|
| The Ministry | | | |
| The Community | | | |
| Other MLHU Stakeholders | | | |

13. Overall assessment of this sponsorship relationship:

1 2 3 4 5

Not Useful Useful Very Useful

14. Have appropriate MLHU signatories reviewed this Sponsorship Assessment Form?

Yes ☐ No ☐

Comments or Conditions:

_____

_____

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**Appendix A**
To Policy G-310

15. Division Director recommendation:

Accept ☐ Reject ☐ N/A ☐

_____ _____
*Printed Name and Signature* *Date YYYY-MM-DD*

16. Medical Officer of Health/Chief Executive Officer recommendation:

Accept ☐ Reject ☐ N/A ☐

_____ _____
*MOH/CEO Signature* *Date YYYY-MM-DD*

17. Board of Health recommendation:

Accept ☐ Reject ☐ N/A ☐

_____ _____
*Board Chair Signature* *Date YYYY-MM-DD*

18. Assessment form completed by:

_____ _____
*Printed Name and Signature* *Date YYYY-MM-DD*

**ATTACH A COPY OF THE PROPOSAL TO THIS FORM**

MIDDLESEX-LONDON HEALTH UNIT
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**Appendix B**
To Policy G-310

# Corporate Sponsorship Agreement

Commented [MS1]: No suggestions.

**BETWEEN:**

Middlesex-London Health Unit (the "Health Unit")

**AND**

The "Corporate Sponsor"

_____

Corporate Name

_____

Address

_____

**ACTIVITY:**

_____

_____

(Indicate exact manner in which event is to be described)

LOCATION OF ACTIVITY:

_____

DESCRIBE THE DONATION:

_____

**PURPOSE**

The Corporate Sponsor has agreed to sponsor (the Activity indicated above).

The Agreement sets forth the respective roles, obligations and commitments of the Corporate Sponsor and the Health Unit regarding the Activity.

Each party agrees to observe this Agreement to the best of its ability.

**Recognition/Promotion**

In all promotional materials and publicity, the Activity will be described as indicated above. Describe the prominence of Health Unit/Corporate Sponsors names and logos in all promotional materials and signage used in connection with the Activity.

Describe content and style of promotion materials.

_____

_____

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**Appendix B**
To Policy G-310

**ADMINISTRATION**

**1.0 The Corporate Sponsorship Agreement addresses the following:**

1.1 Insurance Coverage if applicable.
1.2 Responsibilities, liabilities, obligations and benefits of MLHU and Corporate Sponsor.
1.3 Project timelines.
1.4 Describe content and style of promotional materials.
1.5 Commitments to suppliers/others.
1.6 Pricing of participation in the activity.
1.7 Revenue and expenditure budget.
1.8 Frequency of reports re project/program status to Corporate Sponsor.
1.9 Financial Considerations - receipts, proceeds, statements of account (describe the use of proceeds, services in kind and uses of the donation), audit requirements.

2.0 **Termination**

If the Corporate Sponsor is sponsoring the Activity on a "one time" basis state: "this Agreement will terminate when the Activity is concluded and all obligations with respect thereto have been satisfied".

If the Corporate Sponsor will be sponsoring the Activity on a "continuing" basis state: "this Agreement will continue in force until terminated by either party on at least 30 days prior written notice to the other party".

After termination of this agreement, the Corporate Sponsor will no longer be associated with the Activity. The Health Unit will be entitled to continue, discontinue or modify the Activity as it considers appropriate and the Activity, the name, style and any logos associated with the Activity, excluding any logos of the Corporate Sponsor, will remain the property of the Health Unit.

3.0 **Modifications**

This Agreement is subject to any additional matters agreed to be the parties described in any appendix attached hereto.

**The Middlesex-London Health Unit**

_____
Medical Officer of Health / Chief Executive Officer

_____
Date

**The "Corporate Sponsor"**

_____
Per

_____
Date

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# GIFTS AND HONORARIA

## PURPOSE

To provide direction on the acceptance and offering of gifts and honoraria by Middlesex-London Health Unit (MLHU) employees and Board of Health members.

## POLICY

### Gifts

MLHU employees/Board members shall not accept the use of property or facilities (e.g. a vehicle, office or vacation property) at less than fair market value or at no cost; or accept, solicit, offer or agree to accept a commission, fee, advance, cash, gift, gift certificate, bonus, reward or benefit that is connected directly or indirectly with the performance of their duties, unless permitted by one of the following exceptions:

- Gifts that are received as an incident of protocol or social obligation that normally and reasonably accompany the responsibilities of office;
- Token gifts such as souvenirs, mementoes and commemorative gifts that are given in recognition of service on a committee for speaking at an event or representing MLHU at an event;
- Food and beverages consumed at lunches, dinners, charity, fundraisers, banquets, receptions, ceremonies or similar events if the individual's attendance serves a legitimate organizational purpose, the value is reasonable and the invitations infrequent;
- Communications to the offices of an employee/Board member including subscriptions to newspapers and periodicals;
- Compensation authorized by law;
- Political contributions that are offered, accepted and reported in accordance with applicable law;
- Services provided without compensation by persons volunteering their time;
- Gifts of admission to dinner, charity fundraisers, banquets, receptions, ceremonies, cultural events, sporting events, business galas, political events and similar events if the employee/Board member's attendance serves a legitimate organizational purpose;
- Reasonable payment for participation in or organizing any reception, dinner, gala, golf tournament, or similar event to support charitable causes or fundraising event and food, lodging, transportation or entertainment from a not for profit non-government organization.

For the purposes of this policy a commission, fee, advance, cash, gift, gift certificate, bonus, reward or benefit provided with the employee/Board member's knowledge to a member's spouse, child or parent or to an employee/Board Member's employee that is connected directly or indirectly to the performance of their duties is deemed to be a gift to that employee/Board member.

Within 30 days of receipt of any gift described in the exceptions above where the value is equal to or greater than $100, or where the total value of such gifts received from any one source during one calendar year is equal to or greater than $500, the employee/Board member shall file a Disclosure Statement (Appendix A) with their respective director/the Treasurer of the Board of Health. These details should then be reported to the Assistant Director, Finance.

Every disclosure statement is a matter of public record and shall indicate:

- The nature of the gift;
- Its source and date of receipt;
- The circumstances under which it was received; and
- Its estimated value.

**Honoraria**

As part of their public service, employees/Board members may prepare and/or deliver health unit-related programs or information to community organizations. In these situations, the receiving organization may provide a nominal amount of remuneration to the MLHU employee/ Board member in appreciation and recognition of the service delivered. Honorarium payments can be in the form of cash or gift cards and must be limited to a maximum value of $500. Notable exceptions might be for a distinguished or recognized professional key note address at a major event, conference or fundraising activity. When an honorarium is received, the employee will turn the payment over to their immediate supervisor, or in the case of a Board member, the Treasurer of the Board of Health. Funds received will be used to purchase resources within the Division, or the Board expenses budget.

Within 30 days of receipt of any honorarium where the value is equal to or greater than $100, or where the total value received from any one source during one calendar year is equal to or greater than $500, the employee/Board member shall file a Disclosure Statement (Appendix A) with their respective director/the Treasurer of the Board of Health. The Treasurer will then report the disclosure to the Associate Director, Finance.

Every disclosure statement is a matter of public record and shall indicate:

- The nature of the honoraria;
- Its source and date of receipt;
- The circumstances under which it was received; and
- Its estimated value.

As part of their public service, other community organizations may prepare and/or deliver programs or information to employees/Board members. In these situations, MLHU may provide a nominal amount of remuneration to the community organization in appreciation and recognition of the service delivered. Honorarium payments can be in the form of cash or gift cards and must be limited to a maximum value of $500. Notable exceptions might be for a distinguished or recognized professional key note address at a major event, conference or fundraising activity. Approval to provide an honorarium must be received from the respective director from an approved budget or the Treasurer of the Board of Health as applicable.

Accurate records must be maintained in order to demonstrate the reasonableness and appropriateness of any honoraria. Awarding honoraria must be compliant with Canada Revenue Agency (CRA) rules.

## APPENDICES

Appendix A – Gifts and Honoraria

## DEFINITIONS

**“Gift”** refers to something acquired without compensation. This would include, for example, a meal, flowers, gift cards, gift certificates, or a ticket to a special event.

**“Honorarium”** is an ex gratia payment made to a person for their services in a volunteer capacity or for services for which fees are not traditionally required. It is typically a small payment made on a special or non-routine basis.

MIDDLESEX-LONDON HEALTH UNIT

**APPENDIX A**
To Policy G-330

# Disclosure Statement

## MIDDLESEX-LONDON HEALTH UNIT

Governance Manual G-330 regarding the acceptance of gifts and honoraria, requires staff/Board Members to disclose the receipt of certain gifts and benefits if the dollar value of a single gift or benefit is equal to or greater than $100.00 or if the total value of gifts and benefits received from one source in a calendar year is equal to or greater than $500.00. This Disclosure Statement is to be used to report on such gifts and benefits and shall be filed with the Manager, Finance within 30 days of receipt of such gift or benefit, or upon reaching the annual limit. Disclosure Statements are a matter of public record.

Nature of Gift or Benefit Received:

_____
_____
_____

Source of Gift or Benefit:

_____
_____
_____

Circumstances under Which Gift or Benefit Received:

_____
_____
_____

Estimated Value of Gift or Benefit: $ _____

Date Gift or Benefit Received: _____

Signature of Staff/Board Member: _____

Date: _____

Date Statement Received by Finance Manager: _____

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# BOARD OF HEALTH ORIENTATION AND DEVELOPMENT

## PURPOSE

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

## POLICY

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

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

## PROCEDURE

~~**1. Required Pre-Orientation Training**~~

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

**2. ~~On-Site~~ Orientation**

2.1. An initial introduction meeting will be held for new Board of Health Members to review MLHU operations and governance. ~~An initial on-site orientation will be provided upon appointment of new members, including an overview of MLHU operations and governance, and a tour of the facility. All Board members are encouraged to attend.~~

2.2. A formal Board Orientation will be held in the form of a Special Board of Health meeting pursuant to the *Municipal Act*. This orientation will include more detailed information on public health, MLHU operations and governance/fiduciary responsibilities as a Board Member.

**Commented [SE1]:** This is proposed to be removed as AODA training will be included with self paced materials.

2.3. Following the initial on-site orientation, further orientation to MLHU operations and governance roles and responsibilities will occur at Board meetings and other events throughout the first six months of new appointments to support engagement of new Board members.

**3. Online Self-~~Directed~~ Paced Learning**

3.1. Self-paced ~~Additional~~ content for the Board is maintained on the Board orientation website on SharePoint, including priority reading and key provincial legislation and standards relating to public health. Materials also outline the roles and responsibilities of Board members to support effective governance. An attestation form will be required by Board of Health Members to confirm their completion of self-paced orientation materials.

**4. Board of Health Development**

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

## APPLICABLE LEGISLATION AND STANDARDS

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

## RELATED POLICIES

G-300 Board of Health Self-Assessment

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# BOARD OF HEALTH ORIENTATION DECLARATION

## Introduction:

Members of the Board of Health are required to complete, sign and deliver this declaration to the Executive Assistant to the Board of Health after completing the board orientation and self-paced materials. Any questions concerning this form, or the Board of Health Orientation and Development Policy (G-370) should be directed to the Board Chair or the Chief Executive Officer.

## Declaration:

I declare that:

a) I have read Policy G-370 Board of Health Orientation and Development.

b) I acknowledge that I am bound by Policy G-370 Board of Health Orientation and Development, including its procedure.

c) I acknowledge that my failure to comply with Policy G-370 Board of Health Orientation and Development will be considered a breach of my obligations to the Health Unit and may result in my removal from the Board.

| Name | Signature | Date (YYYY/MM/DD) |
|---|---|---|

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Commented [MS2]: Municipal Councils have been using the term "Pecuniary Interest" and not Conflict of Interest.....is this something that the Health Unit should be using as well. If so, then the definition of "pecuniary interest" should be included.

# CONFLICTS OF INTEREST AND DECLARATION

## PURPOSE

To ensure the highest business and ethical standards and the protection of the integrity of the Board of Health (BOH), subject to the requirements of the *Health Protection and Promotion Act* and the *Municipal Conflict of Interest Act*.

To guide BOH members with a real, potential or perceived conflict of interest on how to declare their conflict and the process for dealing with conflict situations.

## POLICY

Board members owe a fiduciary duty to the BOH. Included in that duty is the requirement to avoid conflicts of interest. Where a conflict of interest exists, the *Municipal Conflict of Interest Act* S. 5(1) and S. 5(2) imposes disclosure requirements on all BOH members. (Refer to Appendix A for conflicts of interest procedure.)

The term “conflict of interest” refers to situations where financial, professional or other personal considerations may compromise, or have the appearance of compromising, a Board member’s judgment in carrying out their fiduciary duties as a BOH member.

Board members have the responsibility to determine whether a conflict of interest exists. Board members should refer to *Ontario’s Municipal Conflict of Interest Act – A Handbook 2017* and consult independent legal counsel if necessary.

Situations where a conflict of interest might arise cannot be set out exhaustively, but generally arise in the following circumstances:

(a) When a Board member is directly or indirectly interested in a contract or proposed contract with the BOH. For example: Board members are bidding on or doing contract work for the BOH.

(b) When a Board member acts in self-interest or for a collateral purpose. When a Board member diverts to their own personal benefit an opportunity in which the BOH has an interest.

(c) When a Board member has a conflict of “duty and duty”. This might arise when:
   i. The Board member serves as a board member or officer of another corporation that is related to; has a contractual relationship with; has the ability to influence the BOH policy; or has any dealings whatsoever with the BOH; or
   ii. The Board member is also a Board member or officer of another corporation related or otherwise, and possesses confidential information received in one boardroom that is of importance to a decision being made in the other

boardroom. The Board member cannot discharge the duty to maintain such information in confidence as a Board member of one corporation while at the same time discharging the duty to make disclosure as a Board member of the other.

(d) When a Board member uses for personal gain information received in confidence only for the BOH's purposes, for example information related to human resources, financial aspects of the BOH, or related to services provided.

(e) When a Board member or a member of the Board member's immediate family accepts gifts, payments, services or anything else of more than token or nominal value from a party that hopes to transact business with the BOH (including a supplier of goods and services) for the purposes or perceived purpose of influencing an act or decision of the Board. Board members shall not accept any financial or other endorsements for fulfilling their duties and obligations as members of the BOH other than provided for by legislation and BOH policy.

(f) When a Board member and their family will gain or be affected by the decision of the Board. For example, a Board member or member of the Board member's family may benefit from a specific health care service or program that the BOH is considering.

All Board members must understand their duties when a conflict of interest arises.

In addition to complying with the ongoing responsibilities set out in this policy, Board members are required to complete an Annual Conflicts of Interest Declaration form (Appendix B).

The principles set out in this policy are to be regarded as illustrative. Board members are required to meet both the letter and spirit of this policy.

### Special Considerations for the Board of Health

The BOH's unique governance structure creates automatic potential conflicts. These structural conflicts need not be a bar to participation in most aspects of the Board's deliberations. In these circumstances, the Board members are aware of the potential for conflicts of interest and as a practical matter it should not be necessary to make note of the potential conflict in regular Board proceedings. Where the potential for conflicts might not be obvious, the potential conflict of interest should be declared and recorded in the minutes so that all Board members are aware of the situation. This places an extra burden on Board members to be acutely aware of when their actions and/or other responsibilities might create a conflict and follow the procedures in this policy to protect themselves and the best interests of the BOH.

## APPENDICES

Appendix A – Conflicts of Interest Procedure
Appendix B – Annual Conflicts of Interest Declaration Form

## APPLICABLE LEGISLATION AND STANDARDS

Municipal Conflict of Interest Act, R.S.O. 1990, c. M.50
Health Protection and Promotion Act, R.S.O. 1990, c. H.7

## RELATED POLICIES

G-270 Roles and Responsibilities of Individual Board Members
G-410 Board Member Remuneration and Expenses
G-310 Corporate Sponsorship
G-330 Gifts and Honoraria

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**APPENDIX A**
To Policy G-380

# CONFLICTS OF INTEREST PROCEDURE

**Commented [MS2]:** I would suggest the removal of "In Camera" meeting in section 3 and replace it with "Closed Session".

## 1. Declaration of Conflict of Interest

1.1. At the beginning of each Board of Health or Committee meeting, the Chairperson asks Board members if they have any conflicts of interest to declare.

1.2. Board members must declare any conflicts of interest as soon as they have been identified. The declaration should be made to the Board Chair. The declaration shall disclose the nature and extent of the Board member's interest. Disclosure shall be made at the earliest possible time and prior to any discussion, vote or decision-making on the matter (unless such discussion, vote or decision making has occurred before the conflict was discovered). The Board member shall not attempt in any way to influence and such vote or decision.

## 2. Public Meeting

2.1. Once a conflict of interest has been identified, the Board member(s) with the conflict of interest cannot participate in the discussion or vote. The Board member(s) is not to attempt, in any way, to influence the voting on the issue under consideration.

## 3. In Camera Meeting

3.1. Where the meeting is not open to the public, the Board member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

## 4. Disclosure to Be Recorded in Minutes

4.1. Where the meeting is open to the public, the declaration of interest and the general nature is to be recorded in the minutes of the meeting.

4.2. Where the meeting is not open to the public, every declaration, but not the general nature of that interest, is to be recorded in the minutes of the next meeting that is open to the public.

## 5. When Absent from Meeting at Which Matter Considered

5.1. Where the interest of a Board member has not been disclosed by reason of the Board member's absence from the meeting, the member shall disclose the interest at the first meeting of the Board/Committee, as the case may be, attended by the Board member after the meeting where the matter was considered

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**APPENDIX B**
To Policy G-380

# ANNUAL CONFLICTS OF INTEREST DECLARATION
# BOARD OF HEALTH MEMBERS

**Introduction**:

Members of the Board of Health are required to complete, sign and deliver this annual declaration form to the Chair of the Board. Any questions concerning this form or the Conflicts of Interest Policy (G-380) should be directed to the Board Chair or the Medical Officer of Health/Chief Executive Officer.

**Declaration:**

I declare that:

a) I have read Policy G-380 Conflicts of Interest.

b) I acknowledge that I am bound by Policy G-380 Conflicts of Interest, including the disclosure requirements that apply to me.

c) I understand and acknowledge that my failure to comply with Policy G-380 Conflicts of Interest will be considered a breach of my obligations to the Health Unit and may result in my removal from the Board.

Name Signature Date (YYYY/MM/DD)

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# ANNUAL REPORT

## PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) activities are summarized annually and are available for review by key stakeholders and the general public as a means to document accountability.

## POLICY

MLHU will have an annual report that demonstrates the impact of services on the health of the community and to meet the requirements set forth by the Ontario Public Health Standards.

Information will be gathered from all divisions in order to highlight the program activities and fiscal accountabilities for the previous year.

The annual report for MLHU is to be posted in a readily accessible manner of the MLHU website.

## PROCEDURE

1. **Development of the Annual Report**

    1.1. The Manager, Communications and the Marketing Coordinator coordinate the development and design of the report.

2. **Distribution of the Report**

    2.1. The Medical Officer of Health and the Chief Executive Officer will present the report to the Board of Health and the report shall be posted to the MLHU website by Communications.

3. **Contents of the Report**

    3.1. The report shall be addressed to the public; include annual financial information; include a description of the mission, roles, processes, programs and operation of the public health unit; and include performance indicators that ensure transparency and accountability.

## APPLICABLE LEGISLATION AND STANDARDS

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

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# RESPIRATORY SEASON PROTECTION

## PURPOSE

To ensure that Middlesex-London Health Unit (MLHU) Board of Health members are up to date with the COVID-19 and influenza vaccines to minimize their risk of infection or risk of serious illness and to reduce the risk of transmission to others.

~~To outline the protections in place during respiratory season (November 1 – March 31) for in-person Board of Health Meetings.~~

## POLICY

The Board of Health recognizes its ethical and legal obligations to ensure a safe and healthy environment for Middlesex-London Health Unit (MLHU) employees, students and Board of Health members.

Aligning with MLHU's commitment to protecting employees and others from hazards in the workplace including infectious and vaccine preventable diseases, all Board of Health members are required to report their COVID-19 and influenza vaccine status.

Board members must submit a Self- Attestation of Vaccination Status (Appendix A-1) to MLHU's Occupational Health and Safety Department stating that they are either up to date or request an exemption and are electing to decline a highly recommended vaccine (Appendix A-1). The Self-Attestation must be submitted on an annual basis as directed by Occupational Health and Safety by existing Board members and prior to their first Board meeting by new Board members.

Any Board member refusing to comply with the reporting requirements under this policy may be removed from their Board appointment as per policy G-360 Resignation and Removal of Board Members.

~~During times of the year that are of higher risk for respiratory illnesses (deemed by the Medical Officer of Health to be November 1 – March 31), Board members who are not up to date with the COVID-19 or influenza vaccines, must don a medical mask, unless 2 metres from others, when onsite at MLHU offices.~~

Board members who are experiencing new or worsening respiratory symptoms and/or a fever shall be accommodated to attend Board of Health Meetings virtually, where applicable.

In the event of a COVID-19 or influenza outbreak amongst Health Unit staff, as declared by the Medical Officer of Health, Board members who are not up to date with the relevant vaccine will participate in Board activities remotely, as determined by MLHU.

Board members' vaccination status will be maintained as confidential information to the extent feasible and will be kept in a secure and confidential location. Vaccination status information will be collected solely for the purpose of administering this Policy, including addressing any breach of this Policy, for the purpose of addressing health and safety concerns within MLHU's workplace, and to manage any COVID-19 or influenza cases or outbreaks.

All Board members participating in Board activities in person must continue to comply with applicable policies and protocols with respect to any other measures intended to reduce the risk of transmission of infectious diseases.

## DEFINITIONS

**"Outbreak"** means that the disease activity in the region is higher than baseline levels or above what would be expected as determined by the Medical Officer of Health (MOH).

**"Up to date"** means that an employee has received all COVID-19 doses recommended in Ontario's Routine Immunization Schedule or by the Government of Ontario, including any booster doses of the COVID-19 when eligible.

## APPENDICES

Appendix A – Respiratory Season Protection Procedure
Appendix A-1 – Self Attestation of Vaccination Status

## RELATED POLICIES

G-360 Resignation and Removal of Board Members

## APPLICABLE LEGISLATION AND STANDARDS

*Occupational Health and Safety Act*
*Health Protection and Promotion Act*

## KEY GUIDANCE DOCUMENTS AND RESOURCES

OHRC policy statement on COVID-19 vaccine mandates and proof of vaccine certificates

# RESPIRATORY SEASON PROTECTION PROCEDURE

1. At the beginning of their term and annually thereafter, Board of Health ("Board") members must submit a signed and dated Self-Attestation of Vaccination Status (Appendix A-1) stating that they are up to date (i.e. have received relevant primary and booster doses of COVID-19 vaccine and an annual influenza immunization) or stating that they are electing to decline a recommended vaccine Appendix A-1).

2. The completed Self-Attestation of Vaccination Status must be submitted to MLHU's Occupational Health and Safety Department as directed above.

3. MLHU's Occupational Health and Safety Department may request supporting information or documentation relating to vaccination status. Board members must provide the supporting documentation requested by MLHU's Occupational Health and Safety Department.

~~4. During times of the year that are of higher risk for respiratory illnesses (deemed by the Medical Officer of Health to be November 1 – March 31), Board members who are not up to date with the COVID-19 and/or the influenza vaccine(s), must don a medical mask unless 2 metres from others when attending in-person events associated with the MLHU.~~

~~5.~~4. Board members are encouraged to complete symptom screening ahead of in person Board of Health Meetings to minimize the risk of infection transmission.

~~6.~~5. In the event of an outbreak of COVID-19 or influenza amongst MLHU staff as declared by the Medical Officer of Health, Board members who are not up to date with the COVID-19 or influenza vaccine will participate in Board activities remotely, as determined by MLHU.

~~7.~~6. The Chair of the Board of Health will be notified by OHS of the vaccination status (up to date or not up to date) of each Board member to ensure all safety measures listed above are followed during times of the year that are of higher risk for respiratory illness and/or in the event of a staff outbreak.

~~8.~~7. Board members who do not complete a Self-Attestation of Vaccination Status will be in non-compliance with the Respiratory Protection policy. Any non-compliance with this Policy may result in initiating the procedure for removal of the member as per policy G-360 Resignation and Removal of Board Members

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**APPENDIX A-1**
To Policy G-500

# SELF-ATTESTATION OF VACCINATION STATUS

I, _____, a member of the Board of Health,
Printed Name of Board Member

☐ have received a dose of the COVID-19 vaccine within the last six months.

☐ have received a recent dose of the influenza vaccine.

decline receiving:

☐ the COVID-19 vaccine

☐ the influenza vaccine

and realize that by declining either or both of these recommended vaccines the following will apply:

~~a) during times of the year that are of higher risk for respiratory illnesses, as deemed by the Medical Officer of Health (MOH) (typically November 1-March 31), I will be asked to wear a mask for all in person Board of Health activities where 6 feet of physical distance cannot be maintained.~~

~~b)~~a) during a COVID-19 or influenza outbreak amongst MLHU staff, I will be required to participate in Board activities remotely and not in person.

I acknowledge that the reporting my vaccine status is required in my current position as a member of the Middlesex-London Health Unit Board of Health.

I make this attestation for the purpose of complying with the requirements of Policy G-500 Respiratory Protection and for no other or improper purpose.

I acknowledge that Board of Health members, including myself, may be required to provide additional information/supporting documentation to the Occupational Health and Safety Department if required by MLHU.

Signature: _____ Date: _____