REGIONAL MUNICIPALITY OF OTTAWA-CARLETON MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT RAPPORT

Our File/N/Réf. RC

Your File/V/Réf.

DATE 19 January 1998

TO/DEST. Co-ordinator

Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET HEALTH DEPARTMENT POLICIES AND PROCEDURES

DEPARTMENTAL RECOMMENDATION

That Community Services Committee approve the attached policies, which are related to the operations of the Committee and the Health Department.

BACKGROUND

The attached policies were first approved by Community Services Committee on April 9, 1987, as a requirement of the Health Department's accreditation process. Since then they have been reviewed and approved by Community Services Committee on a regular basis.

The policies have been updated by staff to reflect the department's current organizational structure, position titles, etc. Otherwise this version reflects no changes from the one approved by the previous Community Services Committee in January 1994. A list of the policies follows.

Community Services Committee Policies attached:

- Community Services Committee Policy Re: Ad Hoc or Sub-Committees
- Community Services Committee Orientation Policy for New Committee Members
- Community Services Committee Policy on Public Information
- Community Services Committee Regarding Communication of Committee with Staff
- Community Services Committee Policy for Liaison with Other Agencies
- Community Services Committee Policy Regarding Research
- Community Services Committee Policy Regarding Personnel
- Community Services Committee Policy Regarding Professional Qualifications of Staff

CONSULTATION

No consultation was required.

FINANCIAL STATEMENT

No financial implications are implied in this report.

Approved by Robert Cushman, MD, MBA, FRCPC

Attach. (8)

PROCEDURE

SUBJECT COMMUNITY SERVICES	NEW []		PROCEDURE NO.	
COMMITTEE POLICY RE: AD HOC OR SUB-COMMITTEES	REVISED [X] JANUARY 98		ADM 1.03.01	
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1. BACKGROUND

The Community Services Committee (CSC) provides overall guidance and direction to the Health Department at the policy level. Ad hoc sub-committees may be formed by the CSC to deal with a specific situation. The Chairperson of the CSC may refer to its sub-committees for consideration and report, any and all matters which the Committee determines proper.

2. PROCEDURE

The ad hoc sub-committees shall report from time to time to the CSC on the matters referred to them by the CSC. Where a report is made in writing, it shall be signed by those members of the committee who have approved the same. In case a member of a committee does not sign a written report, he/she shall be deemed to have dissented therefrom.

An ad hoc sub-committee shall be considered discharged on acceptance by the CSC of a final report on the matter referred to it.

The business of ad hoc sub-committees, whether special purpose or otherwise, shall be conducted as nearly as may be possible in accordance with the foregoing provisions respecting the procedure provided for at CSC meetings.

The CSC may elect one or more members to represent the CSC on committees dealing with health related maters.

^{*} For more information on committee procedures, see also RMOC Procedures By-Law, s. 65.

PROCEDURE

SUBJECT	NEW	[]	PROCED	URE NO.
COMMUNITY SERVICES COMMITTEE ORIENTATION POLICY FOR NEW COMMITTEE MEMBERS	REVISED JANUA	[X] RY 98	ADM 1.03.02	
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1. PROCEDURE

The CSC's contact person in the Clerk's Office is the Committee Coordinator for the CSC. On being appointed to the CSC, a new member will be provided by the Corporation with a briefing binder which will include the following information:

- Mission of the Health Department.
- Health Department Fact Sheets
- Organization Chart of the agency and chart of the Health Department Programs.
- A memo from the Medical Officer of Health to obtain more detail concerning the above and to receive a further description/clarification of Health Department program activities and policies, as well as a copy of the latest Health Department Annual Report and a copy of the latest Health Status Report.

PROCEDURE

SUBJECT	NEW []		PROCEDURE NO.	
COMMUNITY SERVICES COMMITTEE POLICY ON PUBLIC INFORMATION	REVISED [X] JANUARY 98		ADM 1.03.03	
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1. POLICY STATEMENT

It is the policy of the CSC to have its meetings open to the public. Items dealing with human resources, legal and property management matters, and other sensitive issues may be discussed in-camera.

2. INFORMING THE MEDIA

All local media - of both official languages - are informed of all upcoming CSC meetings, and are provided with access to supporting written documentation for the agenda items of the upcoming meeting along with the minutes from the previous meeting. Media release time is 12 Noon on Friday, the week before the meeting. The Communications and Administration Manager of the Health Department also provides the media with background information and response to questions from the media concerning agenda items.

3. CIRCULATING THE ANNUAL REPORT

The Annual Report of the Health Department is widely circulated. Recipients include the Ministry of Health, Regional Council, all area municipalities, all Health Units of Ontario, the local media, local libraries, other Health Units across Canada, and local health organizations. It is available upon request to the public, and it is used by Health Department staff in orienting prospective staff members, students, or members of the public.

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4. AUDITED FINANCIAL STATEMENTS

Audited financial statements are provided to Regional Government and the Ministry of Health, and are included in the Annual Report. In addition, they are available to the public on request.

5. PUBLIC AWARENESS ACTIVITIES

The Health Department participates in public awareness activities:

- By stimulating the interest of local media, health professionals, decision-makers, and the public in relevant and topical public health issues and Health Department activities through the activities of the Communications and Administration Manager.
- By actively promoting healthy lifestyles habits in the Ottawa-Carleton Region.
- By developing publicity materials to accompany the introduction of new programs and to support the educational aspects of all programs.
- By developing brochures and utilizing these along with the Annual Report to describe the activities of the Health Department.

PROCEDURE

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- By making presentations on public health matters at professional meetings, teaching sessions, exhibitions, mall displays, etc.
- By responding to requests for information from the media, community agencies, and the public.

PROCEDURE

SUBJECT	NEW	[]	PROCEDURE NO.	
COMMUNITY SERVICES COMMITTEE POLICY REGARDING COMMUNICATION OF COMMITTEE WITH STAFF	REVISED JANUA	[X] RY 98	ADM 1.03.04	
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1. PROCEDURE

The minutes of all CSC meetings are posted throughout the Health Department and are available to staff on request. (Minutes of the Committee meetings are to be microfilmed and retained permanently - RMOC Corporate Policy Manual, Section 3.1.3.)

The Health Department's Executive Committee discusses business arising from CSC minutes to determine and assign action as required. The Medical Officer of Health (or designate) may further discuss aspects of the minutes which apply to specific Divisions, with the individuals involved.

Each Division of the Health Department holds regular meetings of all staff. Agendas for these meetings include:

- updating staff on relevant items relating to the CSC;
- discussion of issues raised by the staff for clarification or policy decision.

If these latter cannot be resolved with the Division, they are brought forward to Executive Committee to the Medical Officer of Health, and eventually to the CSC.

PROCEDURE

SUBJECT	NEW	[] PROCEDURE N		URE NO.
COMMUNITY SERVICES COMMITTEE POLICY FOR LIAISON WITH OTHER AGENCIES	REVISED [X] JANUARY 98		ADM 1.03.05	
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1. POLICY STATEMENT

The CSC recognizes that there are many agencies and individuals working to improve the health of the citizens of Ottawa-Carleton. It must not function in isolation.

2. BACKGROUND

As a large, publicly funded community agency, the Health Department sees its role as:

- Becoming aware of the health related services provided by other agencies and individuals in the community;
- Liaising with these agencies;
- Working to coordinate its programs with others offering similar services or services to the same target population by:
 - attending meetings with these agencies, organizing/participating in liaison committee meetings, or by becoming members of committees whose function is to plan/coordinate such activities;
- Participating in the planning of health related services in the community by serving on boards, committees, or task forces, of Regional Government, the District Health Council, or similar agencies in the community.

PROCEDURE

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3. PROCEDURE

Staff coordinate activities with hospitals, schools, local district health council, professional organizations, health teaching institutions, and RMOC departments (e.g. Social Services, Environment and Transportation, Homes For The Aged). In addition, staff respond to relevant requests to participate on health related committees, task forces, working groups, etc.

Records of all CSC meetings are sent to Regional Council.

Members of the CSC serve on appropriate committees. In addition, the CSC reserves funds to attend meetings of the Association of Local Public Health Agencies, the Canadian Public Health Association, the Ontario Public Health Association and other relevant conferences or meetings, so that members might be kept up-to-date on these issues.

It is the role of members of the CSC to become aware of health related activities of local professionals and agencies and to use this information in developing Health Department policies. The CSC may organize meetings/ discussions with groups planning or delivery services in the Region as needed to assist it in making policy decisions.

PROCEDURE

SUBJECT COMMUNITY SERVICES	NEW []		PROCEDURE NO.	
COMMITTEE POLICY REGARDING RESEARCH	REVISED [X] JANUARY 98		ADM	1.03.06
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1. POLICY STATEMENT - RESEARCH

The CSC recognizes the potentially important effects of research into public health activities. It supports the conducting of applied public health research by Health Department staff.

2. PROCEDURE

Two mechanisms are available to provide financial support for this activity:

- Application for research grants in competition.
- The establishment of a Public Health Research Education and Development (PHRED). This is funded 100% by the Ministry of Health and is funded separately from the general public health activities of the Health Department. (At the time of writing, continued provincial funding for the PHRED had not been confirmed by the Ministry of Health.)

3. POLICY STATEMENT - PHRED

It is the policy of the CSC to utilize the PHRED to expand and improve the quality of Health Department research. This includes:

designating one staff member as Research Coordinator;

PROCEDURE

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• establishing a Research Ethics Committee for the PHRED, made up of staff members of the Health Department with the Research Coordinator as Chairperson to review all research projects with regards to the Health Department.

All research undertaken by the PHRED must be approved by the Health Department through the Medical Officer of Health.

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COMMITTEE POLICY REGARDING PERSONNEL	REVISED [X] JANUARY 98		ADM	1.03.07
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1. POLICY STATEMENT

The Health Department follows the human resources policies of the RMOC. Organizational charts are reviewed and revised quarterly. Any departmental procedures written to cover circumstances which are unique to the Health Department (e.g., collective agreements, obligations and special circumstances of the CSC) are included in the Departmental Administration Policy and Procedure Manual as required.

PROCEDURE

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COMMUNITY SERVICES COMMITTEE POLICY REGARDING PROFESSIONAL QUALIFICATIONS OF STAFF	REVISED [X] JANUARY 98		ADM	I 1.03.08	
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1. POLICY STATEMENT

The Health Department Staff Development Program is based on the following Goal, Philosophy and Objectives:

• Goal:

 The goal is to ensure that Health Department staff have the necessary knowledge, skills, and motivation to carry out Health Department activities in a competent manner.

• Philosophy:

 Each Division of the Health Department will have a staff development program consistent with the goals and objectives of the Division. Both employer and employee must participate in order to achieve the objectives of this program.

• Objectives:

For the Employer:

- i) to ensure that all staff are professionally qualified to carry out their assigned functions;
- ii) to provide adequate access to relevant materials so that staff can maintain their competence with regard to established programs and procedures;

PROCEDURE

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- iii) to provide adequate orientation and instruction so that staff can carry out new activities and procedures in a competent manner.
- For the Employee:
 - i) to maintain professional competency;
 - ii) to take part in staff development programs so that they can carry out new procedures or duties in a competent manner.

2. PROCEDURE

The CSC approves the number of staff required to implement departmental activities according to the following procedures:

- Each Division develops an annual plan on community needs, existing programs, relevant legislation, and established Health Department priorities. Staffing requirements are included in the budgeting process which is reviewed by the Medical Officer of Health, Chief Administrative Officer, CSC, and Regional Council.
- When hiring staff, the Health Department complies with the Health Protection and Promotion Act [Section 61, 63, 70(1) and 70(2)] and its Regulations.