

North Bay Parry Sound District

Health Unit



Bureau de santé
du district de North Bay-Parry Sound

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CODE OF CONDUCT

Regulating the Board of Health

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Preamble

It is the expectation of the North Bay Parry Sound District Health Unit (Health Unit) that Board of Health members conduct themselves at the highest level of ethical behaviour and business-like manner while engaging in all Board duties or activities as a representative of the Board.

Board members direct the activities of the Health Unit as a whole rather than in their own interest or the interest of any specific individual or group. Board of Health members' contributions to discussions and decision-making are positive and constructive and interactions in meetings are courteous, respectful, open, and co-operative.

Applicability

All Board of Health members are expected to adhere to the regulations set out in this document.

All members of Board of Health Committees or those engaged in Board activities that are not members of the Board of Health are expected to adhere to the regulations set out in this document.

Scope

The regulations set out in this Code of Conduct relates to the individual responsibilities of ethical conduct along with responsibilities of behaviour regarding:

1. Communication
2. Confidentiality
3. Conflict of Interest; and
4. Education

Principles and Responsibility of Ethical Conduct

Board members are responsible for abiding by the *Health Protection and Promotion Act* (HPPA) and its regulations, the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS), any Public Health Accountability Agreement between the Health Unit and the Province, this Code of Conduct document, the rules set out under the Board of Health Bylaws, the information provided in the Board of Health Governance Manual, and any other legislation governing boards of health so that the action of and any decision of the Board of Health is made in an efficient, knowledgeable, and expeditious manner.

Board members are accountable for exercising the powers and discharge the duties of their office honestly, in good faith, and in the best interests of the Board of Health and Health Unit to support the delivery of legislatively mandated public health programs and services. Board members exercise the degree of care, diligence, and skill that a reasonably prudent person would exercise in comparable circumstances.

Board of Health members shall:

- Carry out the powers of office only when acting as a voting member during a duly constituted meeting of the Board of Health or one of its appointed bodies.

- Respect both the responsibilities delegated by the Board of Health to the Medical Officer of Health/Executive Officer and those legislated responsibilities of the Medical Officer of Health/Executive Officer, avoiding interference with their duties but insisting upon accountability and reporting mechanism for assessing Health Unit performance.
- Be active, committed, positive, constructive, and professional while serving in the role as a Board of Health member.
- Support Board of Health actions and decisions.
- Listen and evaluate through speaking and writing.
- Advocate the interests of the Health Unit and assist in developing community understanding and support for the Health Unit.
- Advocate to promote public health programs and services to fulfill the Health Unit's mandate.

Board members will not:

- Engage in [nepotism](#).
- Represent the specific interests of any constituency.
- Attempt to exercise individual authority over the organization except as explicitly set forth in the Board of Health Bylaws and/or the Board of Health Governance Manual.

Communication

Board of Health

In order to speak in a unified voice, the Board of Health Chairperson or designate serves as the official spokesperson for the Board of Health with the media, ministries, or other organizations while conducting Board of Health business.

When contacted by the media regarding Board of Health/Health Unit-related topics:

- Board members do not speak to the media unless instructed to do so by the Chairperson.
- Media requests directed to the Board Chairperson are referred to the Health Unit Communications team to process accordingly.
- Any comments to the media by any other Board members not previously approved to speak on behalf of the Board shall make it clear that their comments are not on behalf of the Board or the Health Unit.
- Board members shall consider the impact on the Board and the Health Unit of any comments made to the media, authorized or otherwise.

It is essential that structured open lines of communication are maintained.

Board members must remain neutral by referring all requests for organizational services, either on a personal nature or on behalf of others, to the Medical Officer of Health/Executive Officer who is responsible for initiating a course of action appropriate to the circumstances and will advise the Board member of the outcome.

The accountability structure is that the Medical Officer of Health/Executive Officer is the only employee accountable to the Board. All other Health Unit staff are accountable to the Medical Officer of Health/Executive Officer. Board members will not encourage direct communication with employees who attempt to bypass internal Health Unit process but direct employees to utilize reporting lines within the

Health Unit to bring their concerns to the Board of Health. Similarly, Board members are not to engage in direct communication with Health Unit staff regarding Health Unit business unless authorized to do so.

Communications by Board members on governance/points of order (e.g. board proceedings) shall be directed to the Board of Health Chairperson. The communication, if in writing, shall be copied to the Executive Assistant/Recording Secretary who will ensure appropriate follow-up, if necessary. The Chairperson may choose to copy the Medical Officer of Health/Executive Officer.

Communications by Board members regarding public health/operational topics (e.g. program related) shall be directed to the Medical Officer of Health/Executive Officer. If in writing, the Chairperson and Executive Assistant/Recording Secretary shall be copied.

Communications by Board members related to administrative matters (e.g. meeting attendance) shall be directed to the Executive Assistant/Recording Secretary.

Confidentiality

Board of Health

All members of the Board of Health shall not during their term of office or at any time thereafter either directly or indirectly disclose or permit the disclosure of any confidential information of the Health Unit except as expressly authorized by the Board of Health to carry out their duties as a member of the Board of Health.

In accordance with rules under *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), *Personal Health Information Protection Act, 2004* (PHIPA), OPHS, Board of Health Code of Conduct, Board of Health Bylaws, and Board of Health Governance Manual, Board members will:

- Keep in confidence any confidential information acquired by virtue of their position, in either oral or written form, except when required by law or authorized by the Board of Health to do otherwise; and

Where a matter has been discussed during a closed session (in camera), keep the matter or substance of the deliberations on the in-camera meeting confidential ([BOH Bylaws, Section I. #24](#)); and

- Shall not use information obtained in their capacity as a Board member that is not available to the public for personal gain or advancement to their interest or the interests of another individual, group, or organization, or to the detriment of the Health Unit; and
- Complete annually a Confidentiality of Information Statement/Agreement and comply with all aspects of the above-noted Statement/Agreement; and
- Disclose to the Board of Health Chairperson any situation in violation or may appear to be in violation of confidentiality as set out in this Code.

Board of Health Chairperson

The Chairperson for the Board of Health is responsible for Board members' awareness of confidentiality, compliance of confidentiality regulations, and confirming completion of the Confidentiality of Information Statement/Agreement by each Board member.

The Board Chairperson is responsible for addressing any reports of violation or potential violations to this document.

Medical Officer of Health/Executive Officer

Through direction from the Board of Health the Medical Officer of Health/Executive Officer is responsible for implementing this document.

The Medical Officer of Health/Executive Officer is responsible for reviewing this document with any new Board of Health members.

Through direction of the Board, the Medical Officer of Health/Executive Officer is responsible for implementing a confidentiality of information statement/agreement for Board members, staff, students/volunteers, and third-party contractors of the Health Unit.

Conflict of Interest

Board of Health

Board of Health members are subject to the current conflict of interest legislation in the Province of Ontario, including compliance, at all times, with the *Municipal Conflict of Interest Act*.

Board members are responsible:

- For completing the Annual Conflict of Interest Declaration form.
- For disclosing all conflicts or perceived conflicts at all Board of Health or Board Committee meetings.
- For verbally declaring a conflict of interest when they have reasonable grounds to believe they have a conflict of interest in a matter that is before the Board/Committee along with the general nature of the conflict of interest prior to any consideration of the matter at the meeting.
- For completing a Subsequent Conflict of Interest Declaration form when a conflict of interest is declared, verbally or otherwise, that is not already declared in the Annual Conflict of Interest form.
- For not participating in the discussion or vote during a public meeting once the declaration is identified, and/or removing themselves from the meeting during any session that is not open to the public.
- For complying with conflict or perceived conflict provisions noted above while serving on other boards or councils.
- For reporting any conflicts of interest violations or perceived violations by other Board members to the Board of Health Chairperson, or to the Medical Officer of Health/Executive Officer if reporting a violation by the Board of Health Chairperson.

Board of Health Chairperson

The Board of Health Chairperson is responsible for addressing any violations, perceived or otherwise, reported to them.

The Medical Officer of Health/Executive Officer

The Medical Officer of Health/Executive Officer is responsible:

- For completing the Annual Conflict of Interest Declaration form

- For confirming completion of the Annual Conflict of Interest Declaration form by each Board member.
- For verbally declaring a conflict of interest when they have reasonable grounds to believe they have a conflict of interest in a matter that is before the Board/Committee along with the general nature of the conflict of interest prior to any consideration of the matter at the meeting.
- For completing a Subsequent Conflict of Interest Declaration form when a conflict of interest is declared, verbally or otherwise, that is not already declared in the Annual Conflict of Interest form.
- For not participating in the discussion or vote during a public meeting once the declaration is identified, and/or removing themselves from the meeting during any session that is not open to the public.
- Through the Recording Secretary, maintaining a registry of all declaration forms. The registry shall be available for public inspection in the manner and during the time that the Board of Health may determine.
- Through the Recording Secretary, will have all conflict-of-interest declarations along with nature of the conflict of interest identified during a meeting recorded in the minutes of the regular meeting. Minutes of a closed session will not include the nature of the conflict of interest.
- For addressing a violation of the conflict-of-interest regulation reported to them.

Education

Board of Health

In accordance with the Ontario Public Health Standards, Good Governance and Management Practices Domain (3), the Board of Health is responsible for awareness of their roles and responsibilities and emerging issues and trends through development and implementation of a comprehensive orientation plan for new Board members and continuing education for Board members.

New Board of Health members are responsible for participating in the Health Unit orientation session at the start of each new term, in accordance with the Board of Health Bylaws.

Board members are responsible for reviewing any updates to the Board of Health Governance Manual in a timely manner.

Board members are encouraged to participate in continuing education activities related to public health and public health governance.

Medical Officer of Health/Executive Officer

The Medical Officer of Health/Executive Officer is responsible for making all Board members aware of any upcoming orientation sessions or continuing education activities.

The Medical Officer of Health/Executive Officer, through the Recording Secretary is responsible for communicating the location of the Board of Health Governance Manual and Code of Conduct to Board members along with any updates made to the Manual throughout the term of the Board members.

Compliance

Board of Health members shall hold each other accountable for complying with all regulations set forth in the Code of Conduct document.

Non-compliance or perceived non-compliance of any of the regulations shall be reported to the Board of Health Chairperson, or in the case of non-compliance by the Board of Health Chairperson, shall be reported to the Medical Officer of Health/Executive Officer.

Informal Complaint Process

Any person who identifies or witnesses' behaviour or activity by a Board of Health member that appears to be in violation of the Code of Conduct may address their concerns as follows:

- a) Inform the Board member that their behaviour or activity is in violation of the Code of Conduct.
- b) Request or encourage the Board member to cease the prohibited behaviour or activity.
- c) If applicable, confirm with the Board member your satisfaction or dissatisfaction with their response to the concern brought forward.
- d) Retain a written record of the incident(s), including the date, time, location, others present, or any other relevant information, including the steps take to resolve the matter. Additionally, the Board member the complaint is made against should also retain a written record of when they were approached by the complainant, the discussion that took place, and what they have done to address the complaint brought against them.

If the incident is not resolved through the informal process, the complainant may proceed to the formal process.

Formal Complaint Process

Any person who identifies or witnesses' behaviour or activity by a Board of Health member that appears to be in violation of the Code of Conduct may address their concerns through a more formal process as follows:

- a) A written complaint shall be submitted to the Board of Health Chairperson by the complainant, and shall:
 1. Set out the specific section(s) of the Code of Conduct that has allegedly been violated along with an explanation of how or why the actions are in violation of the Code of Conduct.
 2. Include the name of the Board member alleged to be in violation of the Code of Conduct along with the date, time, and location of the alleged violation.
 3. Include the name of any witnesses that can support the allegation.
 4. Include any other information relevant to the alleged violation of the Code of Conduct.
- b) Once the complaint is submitted to the Board of Health Chairperson, a meeting shall be held with the complainant, the Board Chair, and the Executive Assistant/Recording Secretary to discuss the situation and determine whether there has been a breach of the Code of Conduct. The Recording Secretary shall take notes of the meeting.
- c) If it is agreed that there has in fact been no breach of the Code of Conduct, no other action is required, and a report shall be provided to the Board with full disclosure of the relevant information and findings at the next regularly scheduled meeting of the Board. As this may

involve an identifiable individual, the report shall be confidential and provided during a closed (in camera) session of the Board.

1. The Board Chair or Recording Secretary shall provide a copy of the preliminary report to the individual accused of the alleged violation prior to its presentation to the Board during an in-camera session.
- d) If it is agreed that the Board Chair and Recording Secretary agree that there has been a violation of the Code of Conduct, or cannot unanimously agree that there has not been a violation of the Code of Conduct, the matter shall be referred to the Board of Health with a full report to determine whether there has been a violation of the Code of Conduct, and if so, what, if any, might be appropriate for the circumstances.
1. The Board Chair or Recording Secretary shall provide a copy of the preliminary report to the individual accused of the alleged violation prior to its presentation to the Board during an in-camera session.
- e) As this matter may involve an identifiable individual, the full report shall be confidential and shall be presented during a closed (in camera) session at the next regularly scheduled meeting of the Board.
1. If the Board determines that there has been no violation of the Code of Conduct, no further action shall be taken.
 2. If the Board determines that there has been a violation of the Code of Conduct, the Board has the right, in its sole discretion, to recommend and/or take action as follows:
 - i. No action taken against the offending Board member.
 - ii. Request a public apology from the offending Board member, failing which, other options may be considered.
 - iii. A public reprimand by the Board of Health of the offending Board member.
 - iv. A resolution of the Board of Health requesting the resignation of the offending Board member which shall be non-binding on the Board member in question.
 - v. All other remedies that may be available to the Board of Health by law.
 3. When determining the appropriate course of action for violation of the Code of Conduct, the Board shall consider:
 - i. The Board member's past conduct.
 - ii. The severity of the violation of the Code of Conduct.
 - iii. The implications of the violation of the Code of Conduct to the Board of Health and the Health Unit.
 - iv. The Board member's cooperation in addressing the violation.
 - v. The board member's general level of remorse for the violation of the Code of Conduct.
 - vi. Any other criteria that may reasonably be considered by the Board of Health.
 4. Where the offending Board member is a municipal representative, and where the Board of Health has determined that the violation appears to have also breached the municipal code of conduct, the Board shall consult with or report to the respective Municipal Integrity Commissioner on the matter.

Dated: 2024/04/24 at North Bay, Ontario
(Year/Month/Day)

Appendices

Appendix A

Definitions

Board: The Board of Health for the North Bay Parry Sound District Health Unit

Closed or In-Camera Session: A meeting or part of a regular public meeting that is closed to the public for a specific reason or reasons in accordance with Section 239 (2) of the *Municipal Act*.

Code of Conduct: A set of rules that members of an organization or people with a particular job or position must follow.

Confidentiality of Information: Refers to information that is meant to be kept secret within a certain circle of people and not intended to be made public. It is an agreement between parties or a government law that determines what information is confidential and public. When parties sign a confidentiality agreement, they are agreeing to keep certain information private. Certain professionals are required by law to keep information shared by a client or patient private, without disclosing the information, even to law enforcement, except under certain specific circumstances.

Conflict of Interest: Exists when a member has a direct or indirect pecuniary interest in any matter in which the Board is concerned, including any matter in which:

- a) he/she/they or their nominee:
 - i) is a shareholder in, a director or senior officer of, a corporation that does not offer its securities to the public, or
 - ii) has a controlling interest in, or is a director or senior officer of, a corporation that offers its securities to the public
 - iii) is a member of a body that has a pecuniary interest in the matter; or
- b) they are a partner in the employment of a person or body that has a pecuniary interest in the matter.

For the purpose of this definition the pecuniary interests, direct or indirect, of a parent or spouse or any child of the member shall, if known to the member, be deemed to be also the pecuniary interest of the member.

Health Unit: The North Bay Parry Sound District Health Unit

Nepotism: Is the action of appointing and promoting family and relatives. In an organization, it means that family members are favoured over others, even though they may not be as qualified or skilled. The meaning of nepotism is often extended to include any sort of favouritism towards family and friends of existing employees.

For the purpose of this document, this applies to offers of employment to individuals whose relationship to a member of the Board of Health or to an employee of the Health Unit is that of a parent, spouse, or child.

Parent: includes stepparents and parents-in-law

Spouse: as defined in the current collective agreements and management/non-union employment policy

Child: no age limit attached; includes stepchildren and children-in-law

Pecuniary Interest: Includes any matter in which the member has a financial interest or in which the financial interests of the member may be affected and save and except for interests which the member may have which is an interest in common with electors generally or their honorarium arising from membership on the Board or as a user of services of the Board in like manner and subject to the like conditions as are applicable to persons who are not members.

Appendix B

Related Documents – External

- a) [Health Protection and Promotion Act](#), R.S.O., 1990, c H.7.
- b) [Municipal Freedom of Information and Protection of Privacy Act](#), R.S.O. 1990, c. M. 56 (MFIPPA)
- c) [Municipal Act](#), 2001, S.O. 2001, c. 25.
- d) [Municipal Conflict of Interest Act](#), R.S.O. 1990. Chapter M.50.
- e) [Ontario Public Health Standards: Requirements for Programs, Services, and Accountability](#)
- f) [Personal Health Information Protection Act](#), 2004 (PHIPA)

Appendix C

Related Documents – Internal (Not all documents are visible to the public)

- a) Board of Health [Bylaws](#)
- b) Board of Health [Governance Manual](#)
- c) [Confidentiality Statement and Agreement](#)
- d) [Annual Conflict of Interest Declaration](#)
- e) [Subsequent Conflict of Interest Declaration](#)
- f) [Code of Conduct Annual Acknowledgement](#)

Appendix B

Related Operational Policies and/or Procedures

- a) Administrative Manual for the Office of the Medical Officer of Health for the Board of Health