



Our Vision: Healthy People in Vibrant Communities

Board of Health Meeting Agenda

Location: Oxford County Administration Building
21 Reeve Street, Woodstock, ON
Virtual participation via MS Teams
Thursday, October 22, 2026, at 1:00 p.m.

1.0 Convening the meeting

- 1.1 Call to order (recognition of quorum, introduction of guests, board of health members and staff)
- 1.2 Approval of Agenda
- 1.3 Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend
- 1.4 Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health's website

2.0 Approval of minutes

- 2.1 Minutes from September 24, 2026

3.0 Approval of consent agenda items

- No items.

4.0 Correspondence received requiring action

- No items.

5.0 Agenda items for information, discussion, and decision

- 5.1 Medical Officer of Health's Report for October 22, 2026
- 5.2 Chief Executive Officer's Report for October 22, 2026
- 5.3 Governance Standing Committee Report for October 22, 2026

6.0 New business/other

- No items.

7.0 Closed session

Motion to move into a closed session to discuss the following matters pursuant to Section 239(2) of the Municipal Act, 2001:

- (a) the security of the property of the municipality or local Board;
- (b) personal matters about an identifiable individual, including municipal or local board employees; and
- (c) a proposed or pending acquisition or disposition of land by the municipality or local Board

8.0 Rising and reporting

9.0 Future meetings and events

- Board of Health Orientation: Thursday, January 7, 2026 at Noon.
- Board of Health Meeting: Thursday, January 7, 2026 at 1:00 p.m.
- Location: St. Thomas Site: 1230 Talbot Street, St. Thomas, ON
- Virtual participation via MS Teams for Board meeting commencing at 1:00 p.m.

10.0 Adjournment

Accessibility:

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Board of Health Meeting September 24, 2026



Open Session Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, September 24, 2026, commencing at 1:00 p.m.

Present:

Ms. C. Agar	Board Member
Ms. B. Martin	Board Member (Chair)
Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Ms. K. Hobbs	Board Member
Mr. G. Jones	Board Member
Mr. D. Mayberry	Board Member
Mr. S. Molnar**	Board Member
Mr. J. Palmer	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. D. Shinedling	Board Member (Vice Chair)
Mr. D. Warden	Board Member
Dr. N. Tran	Medical Officer of Health (ex officio)
Ms. C. St. John	Chief Executive Officer (ex officio)
Ms. W. Lee	Executive Assistant

Guests:

Mr. B. Sargeant	architects Tillmann Ruth Robinson (aTRR)
Ms. J. Gordon	Executive Assistant
Mr. P. Heywood	Director, Foundations & Innovation
Ms. S. MacIsaac	Director, Health Protection
Mr. D. McDonald	Director, Corporate Services & Workforce Strategy
Ms. M. Nusink	Director, Finance & Facilities, CFO
Ms. N. Rowe**	Manager, Communications
Ms. C. Richards	Manager, Foundational Standards
Mr. Y. Santos	Manager, IT
Mr. D. Smith	Director, Health Promotion

Media:

Mr. J. Davis	Aylmer Express
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Note: ** indicates virtual participation

Absent:

Mr. E. Taylor	Board Member
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1.1 Call to order, recognition of quorum

The meeting was called to order by B. Martin at 1:01 p.m.

1.2 Approval of agenda

Resolution # 2026-BOH-0924-1.2

Moved by D. Warden

Seconded by D. Mayberry

That the agenda for the Southwestern Public Health Board of Health meeting for Thursday, September 24, 2026, be approved.

Carried.

1.3 Reminder of conflicts of interest

Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend.

1.4 Recording of minutes

Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health's website.

2.0 Approval of minutes

Resolution # 2026-BOH-0924-2.1

Moved by M. Peterson

Seconded by D. Warden

That the minutes for the Southwestern Public Health Board of Health meeting for June 25, 2026, be approved.

Carried.

3.0 Consent agenda items

No items.

4.0 Correspondence received requiring action

No items.

5.0 Agenda items for information, discussion, decision.

5.1 Medical Officer of Health's Report

Dr. N. Tran reviewed the report.

Board members raised questions regarding extreme heat preparedness and the upcoming influenza season. Dr. Tran outlined Southwestern Public Health's (SWPH) role in communicating heat-related risks and recommended actions to the public, particularly vulnerable populations, and working with municipalities and partners to share information about available cooling centres. In response to a question about influenza trends in the southern hemisphere, he noted that circulating strains appear to be well matched to the available vaccine, which is a promising early indication for the upcoming flu season.

Board members asked about tick surveillance, Lyme disease and emerging tick-borne infections. Dr. Tran explained that SWPH conducts surveillance of ticks and mosquitoes, including tick dragging to assess the presence and geographic distribution of Lyme disease, and mosquito trapping to monitor West Nile virus. Human cases of Lyme disease and West Nile virus are reported through provincial surveillance systems. He noted that reported cases likely underestimate the actual burden of disease, as not everyone seeks medical care or testing. Emerging vector-borne infections are monitored provincially, with decisions about mandatory reporting made at the provincial level.

In response to questions about Lyme disease in children under five, Dr. Tran noted he would follow up with the Board regarding available data on prevalence and severity in younger age groups. He noted that early identification and prompt treatment improve outcomes and that preventive treatment following a tick bite may be available through physicians or pharmacists.

Resolution # 2026-BOH-0924-5.1

Moved by J. Herbert
Seconded by K. Hobbs

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for September 24, 2026.

Carried.

5.2 Chief Executive Officer's Report

C. St. John reviewed the report.

In response to questions about the ALPHA resolutions, she clarified that four resolutions were presented and all four were adopted for advocacy by ALPHA, albeit with no guarantee of provincial adoption or action.

Board members discussed SWPH's new charitable status, including the ability to accept public donations, conduct fundraisers and issue charitable tax receipts. C. St. John advised that she would bring forward a strategy outlining how charitable donations could be managed and used. Members discussed the importance of establishing a clear policy or committee to support distinguishing donations for specific initiatives or capital

needs from funding for ongoing programs and services, and ensuring charitable contributions do not replace provincial funding for mandated public health services.

C. St. John also noted that she planned on consulting other health units with charitable status to learn from their approaches. The Board agreed that further discussion should follow receipt of a report outlining the proposed approach.

In response to a question about youth social media use, C. St. John noted that addressing the issue requires a broader approach and that discussions with local school boards are ongoing. P. Heywood confirmed that active discussions are taking place at both the Thames Valley District School Board and London District Catholic School Board, with social media use identified as a priority and work underway to increase awareness and explore potential changes.

Resolution # 2026-BOH-0924-5.2-3.1

Moved by D. Shinedling
Seconded by M. Peterson

That the Board of Health approve the second quarter financial statements for the period ending June 30, 2026 as presented for Southwestern Public Health.

Carried.

Resolution # 2026-BOH-0924-5.2-3.3

Moved by D. Warden
Seconded by D. Mayberry

That the Board of Health receive and file the amended Schedule C: Reporting Requirements for Oxford Elgin St. Thomas Health Unit.

Carried.

Resolution # 2026-BOH-0924-5.2

Moved by J. Palmer
Seconded by C. Agar

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for September 24, 2026.

Carried.

5.3 Governance Standing Committee Report

G. Jones reviewed the report.

No substantive issues were raised.

G. Jones noted that the committee reviewed the provincial reappointments for D. Warden, C. Agar, and S. Molnar. As the window for submission to the Provincial Secretariat was prior to the Board's September meeting date, the Committee approved

the reappointments, and the Board Chair and Vice-Chair signed the applications for submission to the Public Appointments Secretariat.

Resolution # 2026-BOH-0924-5.3-1.1

Moved by M. Peterson
Seconded by J. Herbert

That the Board of Health for Southwestern Public Health approve the amendments to By-law No. 1 as presented.

Carried.

Resolution # 2026-BOH-0924-5.3-1.2.1

Moved by D. Shinedling
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health approve the updated policies as presented:

1. BOH-GOV-030 Delegation of Authority (Powers and Duties)
2. BOH-GOV-040 Recording of Board of Health Meetings
3. BOH-GOV-060 Terms for Election of Officers
4. BOH-GOV-120 Board of Health Evaluation and Development Policy
5. BOH-GOV-120A (Appendix A): Board Competency Matrix Survey
6. BOH-GOV-120B (Appendix B): Board Governance: Member Evaluation Survey
7. BOH-PM-010 Policy Management

Carried.

D. Warden, C. Agar, and S. Molnar each verbally declared conflicts of interest and recused themselves from the vote on ratification.

Resolution # 2026-BOH-0924-5.3-2.0

Moved by M. Peterson
Seconded by J. Palmer

That the Board of Health confirm and ratify the actions of the Board Chair and Vice-Chair in approving and signing off on the provincial reappointment applications for David Warden, Catherine Agar, and Stephen Molnar on behalf of the Board of Health for submission to the Public Appointments Secretariat.

Carried.

Resolution # 2026-BOH-0924-5.3

Moved by M. Peterson
Seconded by K. Hobbs

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Report for September 24, 2026.

Carried.

B. Martin thanked the Governance Standing Committee for their thorough work and review.

6.0 New business

No items.

7.0 Closed session

Resolution # 2026-BOH-0924-C7

Moved by D. Warden

Seconded by L. Rowden

That the Board of Health move to closed session in order to consider the following, as outlined in the Ontario Municipal Act:

- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local Board; and
- (d) labour relations or employee negotiations.

Carried.

The Board of Health moved to closed session at 2:05 p.m.

8.0 Rising and reporting of closed session

Resolution # 2026-BOH-0924-C8

Moved by D. Mayberry

Seconded by M. Peterson

That the Board of Health rise with a report.

Carried.

Resolution # 2026-BOH-0924-C2.0

Moved by M. Peterson

Seconded by J. Palmer

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Closed Session Report for September 24, 2026.

Carried.

Resolution # 2026-BOH-0924-C3.0

Moved by J. Couckuyt

Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Closed Session Report for September 24, 2026.

Carried.

Resolution # 2026-BOH-0924-C5.0

Moved by J. Palmer

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health approve the Special Ad Hoc Building Committee's Report and recommendations within for September 24, 2026.

Carried.

9.0 Future meetings and events

The next official Board of Health meeting will be:

- Thursday, October 22, 2026
- Meeting at 1:00 p.m.
- Location: Oxford County Administration Building, 21 Reeve Street, Woodstock, ON; virtual participation via MS Teams

10.0 Adjournment

The meeting adjourned at 3:29 p.m.

Resolution # 2026-BOH-0924-10.0

Moved by M. Peterson

Seconded by D. Warden

That the regular meeting adjourn to meet again on Thursday, October 22, 2026 at 1:00 p.m.

Carried.

Confirmed: _____

Medical Officer of Health Report



Open Session

Meeting date: October 22, 2026

Submitted by: Dr. Ninh Tran, Medical Officer of Health (written as of October 13, 2026)

Submitted to: Board of Health

Purpose:

- ☐ Decision
- ☐ Discussion
- ☒ Receive and file

Agenda item # 5.1

Resolution # 2026-BOH-1022-5.1

1.0 Health Protection

1.1 Ebola Preparedness and Border Measures

In response to ongoing Ebola outbreaks in the Democratic Republic of the Congo, Uganda and South Sudan, the Government of Canada has extended its temporary border measures for 60 days, until November 27, 2026. These precautionary measures apply to travelers who have been in affected countries within the previous 21 days and include health assessments, quarantine requirements for eligible travelers, and restrictions on certain foreign nationals travelling from the Democratic Republic of the Congo.

Southwestern Public Health (SWPH) continues to monitor the situation and provide guidance and support to travelers returning from affected regions. Local hospital and emergency medical services partners are notified when SWPH becomes aware of a traveler placed under quarantine.

1.2 Environmental Health and Emergency Preparedness

Environmental Health continues to strengthen rabies post-exposure management and coordination with hospitals. Activities include promoting consultation with Public Health before administering rabies vaccine or rabies immune globulin (RIG), clarifying documentation requirements, monitoring inventory and coordinating vaccine and RIG supplies, and engaging hospital leadership to improve consistency and reduce unnecessary vaccine use.

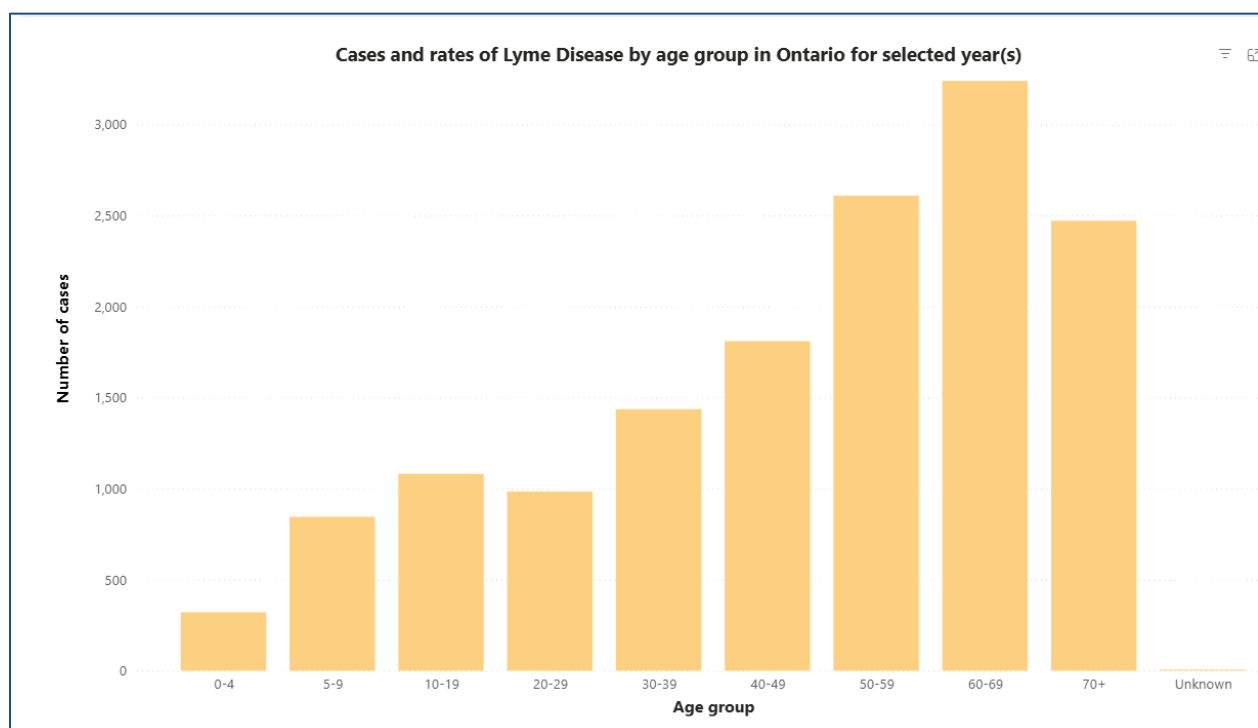
Environmental Health is also reviewing working drafts of the revised Ontario Public Health Standards (OPHS) and related protocols to support implementation planning.

Planning is underway to clarify heat alert thresholds for the 2027 season and cold alert thresholds. Communication roles and emergency messaging templates are also being refined to align with Environment Canada requirements.

1.3 Lyme Disease

At September's Board of Health meeting there was a request for further information on the prevalence and severity of Lyme disease in children. According to the Canadian Pediatric Society, the rash is the most common presentation, though some children may also develop arthritis, Bell's palsy and rarely meningitis and cardiac symptoms.

However, data from Public Health Ontario's [Infectious Disease Trends in Ontario's Tool](#) show that, between the years 2016 to 2025, children aged 0-4 had the fewest number of reported cases of Lyme disease among all age groups. The data also show higher case rates among adults aged 40-70 and older, reinforcing that Lyme disease is a concern for all ages and that prevention should not be limited to any one age group.



Prevention measures to avoid Lyme disease and tick bites include covering up exposed skin, using insect repellent containing DEET, and regularly checking for ticks after spending time outdoors. Preventive treatment, early identification and prompt treatment are important mitigations that will improve clinical outcomes of Lyme disease.

2.0 Respiratory Season

2.1 Respiratory Activity and Preparedness

SWPH has relaunched its public [Respiratory Activity Dashboard](#), which provides local information on respiratory illnesses throughout the respiratory virus season, from October to April.

For the week ending October 3, 2026, activity levels for COVID-19 and respiratory syncytial virus (RSV) were low, with a moderate level for influenza. On September 28, SWPH identified its first laboratory-confirmed community case of influenza A, followed by a confirmed outbreak at a local long-term care home. This early activity highlights the importance of vaccination and preparedness ahead of the respiratory season.

SWPH is coordinating vaccination, clinic delivery, vaccine management, communications, health system preparedness and outbreak response to reduce severe illness and help limit pressure on the health system. Infection prevention and control (IPAC) staff are working with health care and congregate care settings to implement measures that reduce transmission while immunization efforts continue.

On September 29, the Infectious Diseases team and the IPAC Hub hosted a full-day IPAC and outbreak workshop for partners from long-term care homes, retirement homes, other congregate living settings and community organizations. Fifty-two participants registered, with positive feedback on the information provided.

2.2 Fall Respiratory Vaccination and Clinics

SWPH is distributing influenza, COVID-19 and RSV vaccines to health care providers and facilities to support timely vaccination of eligible populations. Pharmacies receive their vaccine supply through a separate distribution system.

As noted in last month's Board of Health report, SWPH will also offer its own influenza, COVID-19 and RSV vaccination clinics to enhance access to vaccination and complement the services available through health care providers and pharmacies.

Key activities for the 2026–2027 respiratory season include:

- **Vaccine availability:** Influenza and COVID-19 vaccine pickup for high-priority groups began October 1, with routine ordering through the Public Health Ordering System (PHOS) beginning October 19 and general eligibility beginning October 26.
- **SWPH clinics:** Influenza, COVID-19 and RSV clinics will be offered from the week of October 19 through December, based on demand.
- **RSV and pneumococcal vaccination:** SWPH continues to support RSV vaccination for adults aged 75 and older and eligible high-risk adults aged 60–74. Preparations are also underway for infant, high-risk child and maternal RSV programs, pending provincial details. Year-round pneumococcal vaccination will continue to be promoted.

SWPH is also supporting preparedness in long-term care homes, retirement homes and hospitals through monitoring, outbreak communications, personal protective equipment, cleaning supplies, specimen collection and outbreak kits, immunization records, and planning for unvaccinated staff. Facilities are being encouraged to confirm access to influenza antivirals and Paxlovid for eligible residents.

2.3 Respiratory Season Communications

From late summer through winter, SWPH is coordinating communications to promote influenza, COVID-19 and RSV vaccination and provide timely information to the public and health care partners.

Communication activities include:

- Partner outreach: Updates for health care providers, pharmacies, congregate care settings, hospitals, schools, child care operators and community agencies.
- Public promotion: Website and booking updates, digital banners, health unit intranet/internal messaging, social media, media releases, radio, billboards, digital signs, posters, infographics, and school newsletters.
- Targeted engagement: Tailored outreach to priority populations, including Mennonite and Amish communities.
- Provider education: Virtual town hall sessions, training and updates on vaccine supply, eligibility, clinics and documentation requirements.
- Seasonal messaging: Preparedness messaging in September; vaccine and clinic promotion in October; reminders in November and December; and referrals to pharmacies and other providers through the SWPH website after SWPH clinics conclude in January and February.

3.0 Health Promotion

3.1 National Breastfeeding Week

National Breastfeeding Week is recognized annually in Canada from October 1 to 7. It provides an opportunity to:

- Increase awareness of the health, social, and economic benefits of breastfeeding;
- Recognize the important role of families, communities, and health care providers in supporting breastfeeding initiation and continuation; and
- Promote equitable access to breastfeeding education, guidance, and support.

Breastfeeding education and support continue to be an identified need across the SWPH region. Access to local breastfeeding services is limited, and available supports may involve significant financial costs for families. Given the well-established health benefits of breast milk for infants and young children, continued investment in accessible breastfeeding support is an important component of protecting the health of some of our community's most vulnerable residents.

Public Health Nurses on the Healthy Growth and Development team are trained to provide breastfeeding support, with two nurses additionally designated as Lactation Consultants to assist with more complex breastfeeding situations. In 2025, the team received 388 referrals for breastfeeding support and completed 430 follow-up calls and 344 home visits to support families.

The 2026 theme is "Breastfeeding for a Sustainable Start in Life: Strengthen What Works." In recognition of National Breastfeeding Week, the Healthy Growth and Development team will host community events in partnership with local EarlyON centres on October 6 in the City of St. Thomas and October 7 in Woodstock.

Accessible breastfeeding support remains an important public health service that helps reduce barriers for families and supports healthy infant and child development across the region.

3.2 Vision Screening Pilot Program

Southwestern Public Health reintroduced school-based vision screening in 2025–2026 as a pilot in response to renewed provincial expectations for visual health screening. Junior Kindergarten students were screened at three high-risk schools (selected using local data). The pilot tested updated procedures, staff training, school engagement, equipment use, documentation tools, and operational feasibility.

Across the three schools, 113 students were screened. Fifty-eight students were referred for follow-up and 54 passed, resulting in an overall referral rate of 51.3%. Referral rates were consistent across schools, ranging from 50.8% to 52.1%. Autorefractor and Randot results were the primary drivers of referrals, while HOTV contributed minimally. Screening efficiency improved over the pilot, with set-up, take-down, and per-student screening times decreasing as staff became more familiar with the process.

Future implementation will build on the successes and lessons learned from the pilot, with a focus on refining operational processes, strengthening school partnerships, supporting families through follow-up, and enhancing the overall screening experience for students and schools.

4.0 Primary Care Expansion in the SWPH Region

Implementation is underway following the successful primary care expansion applications by the Oxford and Elgin Ontario Health Teams (OHTs), as reported in the May 28, 2026, Medical Officer of Health report to the Board (2026-BOH-0528-5.1). The initiative aims to connect more residents within the SWPH service area to primary care.

Residents who do not currently have a family physician or nurse practitioner are encouraged to register with Health Care Connect or call 811 for assistance.

On September 29, 2026, the Province of Ontario announced the 2027–2028 Interprofessional Primary Care Team (IPCT) Expansion Call for Proposals. This is the third of four planned funding rounds under Ontario's Primary Care Action Plan.

Our continued participation at both the Oxford and Elgin OHT tables provides an opportunity to maintain connections between public health and local primary care planning, support collaboration on shared population health priorities, and stay informed of initiatives to improve access to primary care for residents who do not have a regular provider.

Motion: 2026-BOH-1022-5.1

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for October 22, 2026.

Chief Executive Officer Report



Open Session

Meeting date: October 22, 2026

Submitted by: Cynthia St. John, Chief Executive Officer (written as of October 22, 2026)

Submitted to: Board of Health

Purpose:

- ☐ Decision
- ☐ Discussion
- ☒ Receive and file

Agenda item # 5.2

Resolution # 2026-BOH-1022-5.2

1.0 Program and service updates (receive and file):

1.1 Strategic Plan Implementation Oversight Framework

The Executive and Senior Leadership Team has approved a Strategic Plan Implementation Oversight Framework to strengthen accountability for delivering SWPH's 2025-2029 Strategic Plan. The framework assigns a Division Director as Priority Lead for each of the eight strategic priorities and establishes a consistent quarterly process for reviewing program plan updates, identifying priority-level progress, and escalating issues that require leadership attention. Each priority will be assessed as "on track," "monitoring," or "adjusting."

For the Board of Health, the framework provides a clearer line of sight from the Strategic Plan commitments it approved in 2025 to the results being achieved. Looking ahead, semi-annual reports to the Board will focus on overall progress, key accomplishments, outcomes, exceptions, and risks rather than program-level detail. The reports will also identify resource pressures and matters requiring the Board's awareness, direction, or decision. As senior leadership will review progress quarterly, emerging issues can be identified and addressed earlier, while significant matters can be brought to the Board in a timely way. This will support the Board in exercising its governance role and considering priorities, risks, and resource decisions in the context of the Strategic Plan.

The framework will also strengthen how SWPH communicates progress. Validated reporting will provide a common source for updates to the Board, staff, partners, and the public, helping to ensure that messages are accurate and consistent. Staff communications will connect day-to-day work to strategic priorities; partner updates will highlight shared priorities and achievements; and public reporting will demonstrate progress through the Strategic Plan dashboard, impact stories, and the annual report.

The first semi-annual Strategic Plan status report under the new framework will be presented to the Board of Health in January 2027.

1.2 Emergency Management, Preparedness & Organizational Resiliency Update

This report updates the Board of Health on Organizational Emergency Management activities completed or advanced since February 2026. Work has focused on modernizing emergency management and continuity systems, strengthening readiness for service disruptions and public health emergencies, and supporting anticipated Ontario Public Health Standards (OPHS) requirements. Collectively, these activities advance SWPH's 2025–2029 strategic priorities—particularly Organizational Resilience and Service Excellence—by improving future readiness, reinforcing evidence-informed planning, supporting continuity of high-quality programs and services, and strengthening collaboration with municipal and community partners.

Work with municipal emergency management programs and community agencies is designed to foster partnership and shared responsibility, ensuring all stakeholders feel valued and integral to coordinated emergency responses. The Board's increased investment in emergency preparedness and organizational resiliency has resulted in significant progress in this important portfolio.

1.2.1 Hazard Identification and Risk Assessment (HIRA)

SWPH last completed a Hazard Identification and Risk Assessment (HIRA) in 2022. The comprehensive 2026 update is substantially complete and reflects revised risk scoring, regional context, population trends, and emerging hazards. Once the remaining hazard scores are finalized, the assessment will proceed for review and approval.

Future work will focus on establishing a standardized annual process for hazard identification and risk scoring involving subject matter experts across the organization. Once approved, HIRA results will be shared with municipal partners and publicly through the SWPH website, including identification of the region's highest-priority hazards.

1.2.2 Continuity of Operations Planning (COOP)

Continuity of Operations Plans have now been developed at the program level to identify critical functions, resource dependencies, compensating measures, communication pathways, recovery considerations, and continuity strategies for various types of service disruptions. This work provides a consistent framework for maintaining essential services during emergencies.

Future reviews with program managers and post-incident evaluations are intended to foster a culture of continuous improvement, build confidence in our commitment to reliable service delivery, and strengthen organizational resilience.

1.2.3 Organizational Emergency Response Plan (ERP)

SWPH currently maintains a 2025 draft Emergency Response Plan. Work to finalize and transition the ERP to a 2026 version is planned for Q4. Before proceeding, SWPH is prioritizing finalizing the HIRA and confirming consensus on its organizational Incident Management System (IMS) structure to ensure the documents align. The updated ERP will clarify governance, activation, coordination, and recovery arrangements and will complement the emergency plans and response structures of municipal, provincial, health-sector, and

community partners, as expected under the provincial public health emergency management framework.

1.2.4 24/7 Emergency Notification and Emergency Messaging

SWPH currently maintains and operates a 24/7 emergency notification capability through the RAVE platform. Current work has focused on establishing a formal accountability and ownership framework for emergency message templates, contact lists, and distribution groups to improve governance and ensure messages reach the appropriate audiences in a timely manner.

As a result, the Emergency Messaging Policy will require revision, and an annual review process is being established to support ongoing maintenance of contact lists, notification protocols, and ownership responsibilities. This work strengthens round-the-clock readiness, accountability, and timely information exchange with staff and external response partners.

1.2.5 Emergency Management Training, Learning, and Exercises

SWPH currently meets emergency management training requirements through the Emergency Management Familiarization Module available to all new and existing staff. Planning for additional Public Health Ontario-recommended emergency management training will begin in early 2027.

On April 9, 2026, SWPH conducted a discussion-based cybersecurity tabletop exercise that tested leadership decision-making, cross-functional coordination, communications, and payroll continuity during a simulated breach. The exercise identified opportunities to clarify Incident Management System activation thresholds, strengthen offline access to staff contact information, and improve real-time incident documentation. This work continued, with a follow-up exercise October 8, 2026. In addition, SWPH participated in a series of municipal-level exercises coordinated through Elgin County focused on activating and operating reception centres.

Future exercises will place greater emphasis on Incident Management System (IMS) concepts, activation processes, and use of the IMS Planning Cycle. These activities aim to build organizational familiarity with IMS roles, responsibilities, coordination processes, and emergency response decision-making, thereby enhancing overall readiness. Additionally, joint and partner-informed exercises will test interfaces with municipalities and community agencies, identify gaps, and translate after-action findings into corrective actions and updated plans. This continuous improvement cycle ensures that training and exercises effectively strengthen inter-agency coordination and response capabilities.

Motion: 2026-BOH-1022-5.2

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for October 22, 2026.

Governance Standing Committee Report



OPEN Session

Meeting date: October 22, 2026

Submitted by: Grant Jones, GSC Chair (written as of October 14, 2026)

Submitted to: Board of Health

Purpose:

- ☒ Decision
- ☐ Discussion
- ☒ Receive and file

Agenda item # 5.3

Resolution # 2026-BOH-1022-5.3

1.0 New Board of Health Policy Review

The Board Complaints Policy and Board Hearings Rules of Procedure are being brought forward to the Board of Health as new governance policies to establish a clear and consistent process for receiving, reviewing and addressing complaints involving the Board of Health or its members.

The policies provide a transparent framework for managing complaints and, where required, conducting a hearing, while clarifying the respective roles and responsibilities of the Board, Chair, and staff throughout the process. Establishing these procedures as formal governance policies supports consistent application and provides the Board with a documented process to follow should a complaint arise.

Motion: 2026-BOH-1022-5.3-1.0

That the Board of Health for Southwestern Public Health approve the following governance policy and procedure:

- BOH-GOV-130 Board Complaints Policy
- BOH-GOV-130A Board Hearings Rules of Procedure

Motion: 2026-BOH-1022-5.3

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Open Session Report for October 22, 2026.

SECTION:	Governance	APPROVED BY:	Board of Health
NUMBER:	BOH-GOV-130	REVISED:	N/A
DATE:	October 2026		

DRAFT Board of Health Member Complaints Policy

1.0 PURPOSE:

The purpose of this policy is to establish a fair, consistent, and transparent process for receiving, reviewing, and addressing complaints regarding the conduct of members of the Southwestern Public Health Board of Health.

This policy supports accountability, ethical governance, and public confidence while ensuring that complaints are managed in a manner that respects the rights of both the complainant and the Board member who is the subject of the complaint.

This policy establishes the overall framework for addressing complaints regarding Board member conduct. Where a complaint proceeds to a formal hearing, the Board of Health BOH-Gov-130A Appendix A Board Hearings Rules of Procedure shall be followed as the supporting procedure for conducting the hearing process.

2.0 SCOPE:

This policy applies to all appointed members of the Southwestern Public Health Board of Health.

This policy applies to complaints alleging that a Board member has:

- contravened the Board's Code of Conduct;
- failed to comply with Board policies or governance expectations;
- acted in a manner inconsistent with the responsibilities and duties of a Board member;
- or
- breached applicable standards of conduct.

This policy does not apply to:

- complaints regarding Southwestern Public Health programs, services, or operational decisions;
- complaints regarding employees or employment matters;
- matters within the jurisdiction of another body, including law enforcement, courts, regulatory bodies, or other authorities.

3.0 GUIDING PRINCIPLES

Complaints under this policy shall be managed in accordance with the following principles:

- **Due and Fair Process**
Complaints shall be managed in a manner that is fair, impartial, and transparent, providing the complainant and the Board member who is the subject of the complaint with a reasonable opportunity to provide information and respond to relevant concerns.
- **Impartiality**
Complaints shall be reviewed by individuals who are able to assess the matter objectively and without conflict of interest. Where appropriate, independent advice or review may be obtained to support confidence in the process.
- **Confidentiality**
Information relating to complaints shall be handled confidentially to the extent permitted by law.
- **Timeliness**
Complaints shall be addressed within a reasonable timeframe, recognizing that a fair process requires sufficient opportunity for review, consideration, and response.
- **Respect**
All individuals involved in the complaint process shall be treated with dignity, professionalism, and respect.

4.0 INFORMAL COMPLAINTS

Any individual who identifies or witnesses behaviour or activity by a member of the SWPH Board of Health, that appears to be in contravention of the Code of Conduct for Members of the Board of Health (the “Code of Conduct”) may address the prohibited behaviour or activity themselves in the following manner:

- a) Advise the member that the behaviour or activity appears to contravene the Code of Conduct;
- b) Encourage the member to acknowledge and agree to stop the prohibited behaviour or activity and to avoid future occurrences of the prohibited behaviour or activity;
- c) Document the incidents including dates, times, locations, other persons present, and any other relevant information;
- d) Request the Board Chair/Vice-Chair, (with support from the CEO or CEO Designate), as needed, to assist in informal discussion of the alleged complaint with the member in an attempt to resolve the issue, or in the case of behavior or activity involving the Chair, the Vice-Chair may provide such assistance, with support from the CEO, as needed;
- e) If applicable, confirm to the member your satisfaction with the response of the member; or, if applicable, advise the member of your dissatisfaction with the response; and
- f) Consider the need to pursue the matter in accordance with the formal complaint procedure outlined in the Part II, or in accordance with any other applicable judicial or quasi-judicial process or complaint procedure.
- g) Individuals are encouraged to pursue this informal complaint procedure as the first means of remedying behaviour or an activity that they believe violates the Code of Conduct. With the consent of both the complaining individual and the member, the Board Chair may participate in any informal process pursuant to 1(d) above. In the

case of behaviour or activity involving the Chair, the Vice-Chair may participate in any informal process. The parties involved are encouraged to take advantage of the mediation/conciliation process outlined at 1(d) above, however the informal process is not a precondition or a prerequisite to pursuing the formal complaint procedure outlined in Part II.

5.0 SUBMISSION OF A COMPLAINT

Complaints regarding a Board member shall be submitted in writing and shall include:

- the name and contact information of the complainant;
- the name of the Board member who is the subject of the complaint;
- a description of the alleged conduct;
- the date(s), location, and circumstances of the alleged conduct, where known;
- the applicable Code of Conduct provision, policy, or governance expectation, where known; and
- any supporting documentation or information available.

Anonymous complaints will generally not be considered unless the Board Chair determines that sufficient information exists to warrant further review.

6.0 RECEIPT AND ADMINISTRATION OF COMPLAINTS

Complaints shall be submitted to the Board Chair through the Executive Assistant to the Board.

Where a complaint concerns the Board Chair, the complaint shall be submitted to the Vice-Chair.

The Executive Assistant shall:

- acknowledge receipt of the complaint;
- maintain confidential administrative records;
- coordinate communications related to the complaint process; and
- ensure records are retained in accordance with applicable legislation and records retention requirements.

7.0 PRELIMINARY REVIEW

Upon receipt of a complaint, the Board Chair, or Vice-Chair where applicable, shall conduct a preliminary review to determine:

- whether the complaint falls within the Board's authority/jurisdiction;
- whether sufficient information has been provided to proceed;
- whether another process or authority is more appropriate;
- whether the complaint appears to be frivolous, vexatious, made in bad faith, or an abuse of process; and
- the appropriate next steps.

The Chair may seek advice from legal counsel or other appropriate advisors during the preliminary review.

The purpose of the preliminary review is not to determine whether misconduct occurred, but to determine the appropriate process for addressing the concern.

7.1 Timeframe

Complaints should normally be filed within 180 days of the alleged conduct; the Board Chair may accept older complaints where the public interest warrants.

7.2 Complaints Outside Jurisdiction

If the complaint, including any supporting evidence, is not, on its face, a complaint with respect to non-compliance with the Board of Health Code of Conduct or the complaint is covered by other legislation or complaint procedure, the Board Chair shall advise the complainant in writing as follows:

Criminal Matter

(a) If the complaint on its face is an allegation of a criminal nature consistent with the Criminal Code of Canada, the complainant shall be advised that if the complainant wishes to pursue any such allegation, the complainant must pursue it with the appropriate Police Service.

Other Policy Applies

(b) If the complaint seems to fall under another policy, the complainant shall be advised to pursue the matter under such policy.

Lack of Jurisdiction

(c) If the complaint is, for any other reason not within Board of Health's jurisdiction, the complainant shall be so advised and provided with any additional reasons the Board Chair considers appropriate.

Matter Already Pending

(d) If the complaint is in relation to a matter which is subject to an outstanding complaint under another process, such as a court proceeding, a Human Rights complaint or similar process, the Board Chair may, in his/her sole discretion and in accordance with legislation, suspend any investigation pending the result of the other process.

8.0 AD HOC COMPLAINT REVIEW PANEL

Where appropriate, the Board Chair may establish an Ad Hoc Complaint Review Panel to provide additional oversight and support an impartial review of a complaint.

Where a complaint concerns the Board Chair, the Vice-Chair shall determine whether an Ad Hoc Complaint Review Panel should be established.

The purpose of the Ad Hoc Complaint Review Panel is to support a fair and transparent process. The Panel does not conduct formal hearings, make findings of misconduct, or impose sanctions.

The Panel may be established where:

- the complaint involves significant governance concerns;
- additional oversight is warranted;
- there are concerns regarding perceived bias or conflict of interest; or
- the Chair determines that a panel review would support confidence in the process.

The Panel shall normally consist of up to three Board members selected by the Chair (or Vice-Chair, where applicable), having regard for:

- the absence of conflicts of interest;
- the ability to maintain confidentiality;
- governance experience; and
- the ability to objectively consider the information available.

A Board member who is the subject of the complaint, the complainant, a potential witness, or otherwise unable to participate impartially shall not participate on the Panel.

The Panel may:

- review the complaint and available information;
- request additional information;
- recommend informal resolution;
- recommend further review or investigation; or
- recommend referral to the Board of Health Hearings Rules of Procedure.

9.0 INFORMAL RESOLUTION

Where appropriate and where the nature of the complaint permits, the Chair or Ad Hoc Complaint Review Panel may seek informal resolution.

Informal resolution may include:

- clarification of Board expectations;
- education regarding governance responsibilities;
- facilitated discussion;
- voluntary corrective action; or
- other appropriate measures.

Informal resolution shall not be pursued where the allegations are sufficiently serious to require formal review or adjudication.

10.0 INDEPENDENT REVIEW OR INVESTIGATION

Where a complaint requires further examination, the Chair may recommend engaging an independent reviewer or investigator.

The selection of an independent reviewer shall consider:

- the nature and complexity of the complaint;
- the expertise required;
- independence and absence of conflicts of interest;
- confidentiality requirements; and
- the need to maintain public confidence in the process.

An independent reviewer may include:

- legal counsel with relevant expertise;
- a governance advisor;
- an experienced workplace or conduct investigator; or
- another qualified third party.

The independent reviewer shall conduct the review in accordance with appropriate standards of procedural fairness and provide findings or recommendations through the established complaint process.

11.0 REFERRAL TO FORMAL HEARING

Where it is determined that a formal hearing is warranted, the matter shall proceed in accordance with the Board of Health Hearings Rules of Procedure.

The Hearing Rules of Procedure shall govern:

- the conduct of the hearing;
- consideration of evidence;
- procedural matters;
- findings regarding the alleged conduct; and
- recommendations arising from the hearing.

12.0 BOARD CONSIDERATION AND ACTION

Following completion of the complaint review or hearing process, the Board of Health may consider any recommendations and determine appropriate action within its authority.

Possible actions may include:

- dismissing the complaint;
- determining that no further action is required;
- providing guidance or direction to the Board member;
- requiring governance education or training;
- issuing a reprimand or censure, where authorized;
- removing the member from Board committees or appointments, where permitted; or
- taking any other action available under applicable legislation.

The Board member who is the subject of the complaint shall not participate in any discussion or decision relating to the complaint.

13.0 AUTHORITY TO OBTAIN ADVICE AND INCUR COSTS

The Board Chair, or Vice-Chair where applicable, may seek preliminary advice on behalf of the Board of Health from legal counsel or other appropriate advisors as necessary to administer a complaint process under this policy.

Where an independent review, investigation, or other external expertise is required, the Chair shall seek authorization from the Board of Health to retain such services unless immediate action is required to preserve the integrity, confidentiality, or fairness of the process.

Where immediate action is required, the Chair may authorize the engagement of appropriate external resources and shall report the action taken and associated costs to the Board at the earliest opportunity, subject to confidentiality and applicable legislative requirements.

Costs associated with the administration of a complaint process shall be borne by the Board of Health unless otherwise determined by the Board.

14.0 CONFIDENTIALITY

Complaints shall be treated as confidential to the extent permitted by law.

Information may be disclosed where required by:

- the Municipal Act, 2001;
- the Municipal Freedom of Information and Protection of Privacy Act;
- the Health Protection and Promotion Act;

- principles of procedural fairness; or
- other legal obligations.

Information shall only be shared with individuals who require access to fulfill their responsibilities under this policy.

15.0 CONFLICT OF INTEREST

A Board member who is the subject of a complaint shall:

- declare a conflict of interest where required;
- refrain from participating in discussions or decisions relating to the complaint; and
- leave discussions when required, except where present to respond to allegations.

Any other Board member who identifies a conflict shall declare the conflict and refrain from participating.

16.0 RECORDS MANAGEMENT

Confidential records relating to complaints shall be maintained by the Executive Assistant to the Board in accordance with Southwestern Public Health's records retention practices and applicable legislation.

REFERENCES

- Section 52, Health Protection and Promotion Act.
- By-Law No. 1 – Southwestern Public Health
- Board of Health Code of Conduct
- Board of Health Hearings Rules of Procedure
- Health Protection and Promotion Act
- Municipal Act, 2001
- Municipal Freedom of Information and Protection of Privacy Act

REVIEWED BY/CONSULTED WITH:

Amy Dale, Harrison Pensa LLP

BOH-GOV-130A: **DRAFT** BOARD OF HEALTH HEARING RULES OF PROCEDURE

PURPOSE:

The purpose is to establish a hearing process pursuant to which the Board of Health will conduct any discipline hearings held as a result of a complaint or investigation received by it about a member of the Board of Health.

POLICY:

Rule 1.0 Interpretation and Application

Citation

1.01 These rules may be cited as the *Board of Health Hearings Rules of Procedure* .

Application

1.02 These rules of procedure shall be utilized by the Board of Health (the "Board") when conducting any formal hearing under its jurisdiction-

General Powers

1.03 The Board may exercise any of its powers under these rules on its own initiative or at the request of a party to ensure a fair and just process.

1.04 The Board or the presiding Chair may issue general or specific procedural directions at any time during a proceeding.

1.05 If a party seeks a remedy or procedural order that requires submissions from other parties, the moving party should first attempt to seek the consent of those parties and advise the Board of the outcome.

Definitions

1.06 In these rules, unless the context requires otherwise:

- **"Board"** means the Board of Health for the Health Unit.
- **"Business Day"** means any Monday, Tuesday, Wednesday, Thursday, and Friday, excluding statutory and civic holidays.

- **"Electronic Hearing"** means a hearing held by teleconference, video conference, or other digital means allowing all participants to simultaneously hear and/or see one another.
- **"Health Unit"** means Oxford Elgin St. Thomas Health Unit o/a Southwestern Public Health.
- **"HPPA"** means the *Health Protection and Promotion Act, R.S.O. 1990, c. H.7*, as amended.
- **"MFIPPA"** means the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56*, as amended.
- **"Municipal Act"** means the *Municipal Act, 2001, S.O. 2001, c. 25*, as amended.
- **"Oral Hearing"** means a hearing at which the parties, their counsel, or agents attend before the Board panel in person or, should an in person hearing not be possible or practicable in the discretion of the Board, via videoconference.
- **"Proceeding"** means a formal Board hearing, a pre-hearing conference, or the hearing of a motion.
- **"SPPA"** means the *Statutory Powers Procedure Act, R.S.O. 1990, c. S.22*, as amended.

Core Principles

1.07 These rules shall be liberally interpreted and applied to secure the most just, expeditious, and cost-effective determination of every proceeding while rigorously maintaining procedural fairness and natural justice.

Conflict of Laws

1.08 If there is a conflict between these rules and the provisions of the SPPA, the provisions of the SPPA shall prevail.

Matters Not Provided For

1.09 Where any procedural matter arises that is not explicitly covered by these rules, the Board may look to the Ontario *Rules of Civil Procedure* and/or the then current edition of Robert's Rules of Order for guidance where appropriate.

Rule 2.0 Non-Compliance and Technicalities

Effect of Non-compliance

2.01 A failure to comply with these rules is an irregularity and does not automatically render a proceeding or a decision a nullity.

2.02 The Board may grant necessary amendments, extensions of time, or other relief on appropriate terms to correct a procedural failure to comply.

2.03 The Board may dispense with compliance with any rule at any time if it is satisfied that doing so is necessary to secure a just outcome and will not prejudice any party.

Rule 3.0 Technical Objections

3.01 No proceeding shall be defeated, delayed, or invalidated solely by a technical objection or by an objection based purely on a defect of form.

Rule 4.0 Time Computation and Extensions

Computation of Time

4.01 In calculating time limits under these rules or a Board order:

- Where a period of time is less than seven (7) days, only business days shall be counted (Saturdays, Sundays, and holidays are excluded).
- Where the deadline for an action falls on a Saturday, Sunday, or statutory holiday, the action may be validly taken on the next consecutive business day.
- Any written communication or document served after 4:00 p.m. or on a weekend/holiday shall be deemed served on the next consecutive business day.

Extensions or Abridgements

4.02 The Board may extend or abridge any time limit prescribed by these rules on such terms as it deems fair, and a motion for extension may be brought either before or after the expiration of the time limit.

Rule 5.0 Confidentiality, Closed Hearings, and Accountability

Publication of Hearings (Closed by Default)

5.01 Closed Session Presumption: In accordance with the confidentiality exceptions permitted under the *Municipal Act, 2001*, hearings conducted under these rules shall **not** be open to the public.

Confidential Documents

5.02 Any document or evidence filed within a hearing shall be treated as confidential, be sealed, and not form part of any public record to protect the integrity of the assessment and the privacy of the parties.

Declaration and Undertaking

5.03 All participants, consultants, or representatives permitted to attend a closed session must sign a formal *Declaration and Undertaking* promising to maintain total confidentiality and to destroy or return all transcripts, notes, and evidence packages at the conclusion of the hearing.

Closed Meeting Complaint Investigation Mechanism

5.04 Accountability and Review: In the event a complaint is received relating to a Board of Health hearing conducted pursuant to these Rules of Procedure being closed, the Health Unit will utilize the services of the Ombudsman Ontario as the investigator when required in accordance with s. 239 of the *Municipal Act, 2001* or an independent investigator of its choosing.

Rule 6.0 Service and Filing of Documents

Methods of Service

6.01 Service of any notice or document may be effected by:

- Personal service;
- Prepaid regular, certified, or registered mail to the last known address;
- Commercial courier service;
- Electronic mail (email) to an address explicitly identified by the recipient for service; or
- Secure file transfer service.

Effective Date of Service

6.02 Service is deemed effective:

- On the day of personal delivery;
- On the fifth (5th) day after mailing via regular or registered mail;
- On the second (2nd) business day after delivery to a commercial courier; or
- On the day of transmission if sent via email or secure file transfer service before 4:00 p.m. on a business day, or the next business day if sent after 4:00 p.m.

Rule 7.0 Notice and Conduct of Hearings

Contents of Notice of Hearing

7.01 A formal Notice of Hearing issued by the Board to any person being called to a hearing shall include:

- The date, time, location, or digital access instructions for the hearing;
- The authority under which the hearing is being held;
- A concise statement of the purpose and legal/factual issues to be decided;
- A clear warning that if a party fails to attend, the Board may proceed in their absence and they will not receive further notice; and
- A statement that the hearing is closed to the public.

Recording of Proceedings

7.02 No person shall take or attempt to take a photograph, video recording, audio recording, or any other electronic reproduction of a closed Board hearing unless explicitly authorized by the Board.

7.03 Unless directed otherwise, this rule does not prohibit a recognized Secretary to the Board or designate from recording the proceeding for the purpose of producing an accurate internal record or transcript for the Board's reference.

Rule 8.0 Pre-Hearing Disclosure and Particular Rules

Right to Information

8.01 that the party being called to the hearing before the Board of Health must be provided with complete and detailed information regarding the allegations at least thirty (30) business days before the hearing commences.

Disclosure of Documents and Expert Evidence

8.02 Documentary Evidence: The Board may require each party to a hearing to disclose to all other parties the existence of, and provide copies of, every document or physical item they intend to rely upon at the hearing at least seven (7) business days prior to commencement.

8.03 Expert Witnesses: A party intending to call an expert witness must deliver a signed copy of the expert's written report, qualifications, and an outline of their expected testimony to all other parties and the Board at least ten (10) business days before the hearing.

8.04 Failure to Disclose: If a party fails to comply with disclosure timelines, they may not introduce the document, item, or expert testimony into evidence without the explicit consent of the Board panel, which may be granted on restrictive terms to prevent prejudice to the opposing party.

Rule 9.0 Conduct of Hearings

Oral Hearings

9.01 Hearings held pursuant to these Rules shall be Oral Hearings.

Opening Statements

9.02 Unless the Board panel directs otherwise, each party may make a brief opening statement outlining the issues they intend to address, the witnesses they intend to call, and their desired outcome.

Order of Proceeding

9.02 To ensure an orderly and fair evaluation of evidence, the standard sequence for the hearing shall be as follows:

1. Presentation of evidence and calling of witnesses by the Health Unit followed by cross-examination and re-examination;
2. **Board Questions:** The Board members may question the witness(es).
3. Presentation of evidence and calling of witnesses by the member whose conduct is the subject matter of the hearing followed by cross-examination and re-examination.
4. **Board Questions:** The Board members may question the witness(es).
5. The Health Unit may introduce strict reply evidence to address new matters raised by the member whose conduct is the subject matter of the hearing.
6. **Summations:** Closing arguments by the Health Unit, followed by closing arguments by the member whose conduct is the subject matter of the hearing, followed by a final narrow right of reply by the Health Unit.

RELATED REFERENCES:

1. [By-Law 1-3 for the Board of Health for Oxford Elgin St. Thomas Health Unit](#)
2. [Municipal Act, 2001, S.O. 2001, c. 25](#)
 - Establishes the governance framework for local boards, including Section 239 regulations regarding open meetings, allowed exceptions for closed (in-camera) sessions, and the mandatory review of closed-meeting complaints.
3. [Municipal Conflict of Interest Act, R.S.O. 1990, c. M.50](#)
 - Dictates the legal requirements for Board members to disclose pecuniary interests, recuse themselves from deliberations, and maintain a public registry of declarations.
4. [Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56 \(MFIPPA\)](#)
 - Governs the protection of personal, medical, and operational data handled during the disclosure of evidence and the retention of closed-session hearing records.
5. [Ombudsman Act, R.S.O. 1990, c. O.6](#)
 - Defines the jurisdiction and investigative powers of the Ombudsman Ontario regarding the administration and closed-meeting compliance of municipal bodies and local boards.
6. [Robert's Rules of Order, 12th Edition](#)
7. [Statutory Powers Procedure Act, R.S.O. 1990, c. S.22 \(SPPA\)](#)
 - Provides the minimum rules of procedural fairness for administrative tribunals and public bodies exercising a statutory power of decision where a party's rights or status are assessed.

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