

**Approved:** Oct 12, 2006 Board of Health

Communication Policy for  
Medical Officer of Health and Board of Health

Preamble

This policy document distinguishes among types of communication: orientation, program updates, and specific issue communications.

Orientation

1. Recognizing the provisions of the HPPA and PHIPA, the MOH, in consultation with other City officials, shall develop and deliver an orientation package for all incoming Board of Health members within two months of the start of their term, and at the start of each new Council term for all members. This shall include explanation of the Board's role as a health information custodian with respect to personal health information and the penalties for failing to fulfil obligations under PHIPA.

Program Updates

2. At least once per year, the MOH (or staff designated by the MOH) shall provide updates on each of the PHS program areas describing the level of current activities, planned activities, and the degree to which the program provided is in compliance with the applicable standards and guidelines.

3. In addition, in the event that there is to be a significant change in finances, staffing or service levels in PHS-delivered programs, these matters would be the subject of a report to the Board at its next regular meeting.

4. The MOH shall provide updates on communicable disease (CD) investigations and health hazard investigations on a quarterly basis. These reports shall include summaries of numbers of reported cases and investigations. Consistent with PHIPA, these reports shall contain no personal health information. Following the presentation of the report to the Board, the contents shall be considered public information.

5. In the event of a public health emergency whose scope requires external resources, the MOH shall inform the City Manager and/or call the Emergency Control Group to meet. Board members shall be kept informed following existing protocols covering municipal emergencies and the activation of the Emergency Control Group.

6. In the case where a complaint is made to the Board pursuant to Section 11(1) of the HPPA, (Complaint re health hazard related to occupational or environmental health), the quarterly report to the Board shall be delivered in such

a way as to ensure the Board's compliance with PHIPA in respect of personal health information received as part of said complaint.

Specific Issue Communications: Communicable Disease & Health Hazard Investigations

7. All reportable diseases create obligations for the MOH as a health information custodian (HIC). Recognizing that this role is distinct from the Board's possible HIC role in the situation of a Section 11(1) complaint directed to the Board, it is understood that personal health information gathered for the purpose of completing an investigation of a reportable disease is not permitted to be shared with the Board without the express, written consent of the individual involved.

8. As part of routine public health practice investigating communicable disease reports and health hazards, the MOH may make a professional judgement that communication to the Board should occur. While not exhaustive, such circumstances would include: where communication may advance an investigation, thus reducing spread or impact of a communicable disease, where there is an identifiable ongoing risk to the community at large, or where public education may be useful over and above the channels outlined with this policy.

9. In the event of a media release or public meeting in the context of an investigation, (such as to advance an investigation or where an identifiable ongoing risk exists) the MOH shall inform the Board at the time of the release or public meeting.

10. Where such communication on a specific issue is to occur, and where the Board is not scheduled to meet before the communication needs to occur, the MOH shall communicate with the Board Chair or in his/her absence, the Chair's designate. The Chair will notify the members of the Board as the Chair sees it is appropriate.