



**City of Hamilton**  
**BOARD OF HEALTH ADDENDUM**

**Meeting #:** 20-005  
**Date:** September 21, 2020  
**Time:** 9:30 a.m.  
**Location:** Due to the COVID-19 and the Closure of City Hall

All electronic meetings can be viewed at:

City's Website:

<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

City's YouTube Channel:

<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

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**5. COMMUNICATIONS**

\*5.3 Correspondence from Marnie Saskin, Odeon Fitness, respecting Mandatory Masks

Recommendation: Be received.

\*5.4 Correspondence from the Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health respecting Public Health Funding and Accountability Agreement

Recommendation: Be received.

Note: Due to the lifting of the Provincial embargo on this information, the Correspondence has been moved out of Private & Confidential, and into Communications.

\*5.5 Correspondence from William McDonald respecting the Wearing of Face Masks in Public Areas of Apartments and Condominiums

Recommendation: Be received.

## **9. STAFF PRESENTATIONS**

\*9.1 Overview of COVID-19 activity in the City of Hamilton, 11 Mar – 18 Sept 2020

## **10. DISCUSSION ITEMS**

\*10.5 Dental Program Update (BOH19026(b)) (City Wide)

Note: Due to the lifting of the Provincial embargo on this information, the report has been moved out of Private & Confidential, and into Discussion Items.

**From:** Marnie Saskin  
**To:** [Kolar, Loren](#)  
**Subject:** Re: Mandatory mask vote this Friday  
**Date:** September 14, 2020 11:13:55 AM

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Dear Hamilton Board of Health,

While many (hopefully most) Hamiltonians were relieved when the mandatory masks for indoors by-law was passed, there was an exemption that worried some of us.

I'm writing to you on behalf of Odeon Fitness, a small independent gym in Hamilton.

Odeon Fitness is committed to the health of all its members, and has made the following changes to operations:

1. Greatly reduced class size (from 14-20 people to 9) to accommodate physical distancing
- 2. Masks mandatory for any indoor activity in the gym, including classes**
3. Mostly outdoor parking lot classes in a cordoned off area (generously physically distant, masks optional)
4. Coaches wear their masks at all times indoors and out
5. Vigorous cleaning schedule after every class
6. One-way flow of people in and out of the gym
7. Washrooms are for emergency use only
8. No use of rowers or bikes inside

We do intense, functional fitness/crossfit style workouts including cardio and weightlifting, and have found that all the members who take the masked indoor classes have been able to do the workouts, regardless of age, ability, or fitness level, with their masks on.

They have found the masks a discomfort rather than a hindrance, and say that it makes them feel more at ease since everyone is masked.

We ask that the Board of Health amend the by-law to remove the exemption for gyms for mask wearing.

We also propose that if Hamilton is required to go back to Phase 2, or is required to put more restrictions on activity, that gyms be allowed to remain open as a business as long as and only if they can offer outdoor classes safely (cleaning equipment, etc) and the outdoor classes meet other provincial guidelines such as gathering size, physical distancing, etc.

Our business understandably was decimated during lock down. We tried to adapt with lending equipment to members for the duration and by having a full schedule of Zoom classes, but we lost many members, as did many other gyms.

Happily we are slowly rebuilding our membership, but like many small businesses, we are looking to the city to implement measures that will cushion the possibility of being shut down again.

If all gyms are required to mask indoors, this will lessen overall transmission rates.

Please amend the by-law to include mask wearing at all times in gyms, or we fear we will not survive the winter as a business.

Thank you,

Marnie Saskin  
on behalf of  
Odeon Fitness  
816 King St West  
Hamilton, Ont L8S1K1

**From:** Feeney, Brent (MOH)  
**To:** [Office of the Mayor](#); [Richardson, Dr. Elizabeth](#)  
**Cc:** [Williams, Dr. David \(MOH\)](#); [MacDonald, Gillian \(MOH\)](#); [Walker, Elizabeth S. \(MOH\)](#); [Trevisani, David](#); [Cunningham, Sanchia \(MOH\)](#)  
**Subject:** City of Hamilton, Public Health Services - 2020-21 Public Health Funding  
**Date:** August 21, 2020 5:00:38 PM  
**Attachments:** [Hamilton Amending Agreement.pdf](#)  
[Hamilton Minister's Letter.pdf](#)  
[Hamilton CMOH Letter.pdf](#)  
**Importance:** High

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Please find attached the 2020-21 public health funding approval letters for your public health unit, as signed by the Honourable Christine Elliott, Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health.

Also attached to this email are new Schedules to the Public Health Funding and Accountability Agreement that outline the terms and conditions governing the funding.

If you have any questions, please don't hesitate to contact me or the Senior Financial and Business Advisor assigned to your public health unit.

Thank you.

**Brent Feeney**

Manager, Funding and Oversight  
Accountability and Liaison Branch  
Office of the Chief Medical Officer of Health, Public Health  
Ministry of Health  
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Toronto, ON M7A 2S1  
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# **New Schedules to the Public Health Funding and Accountability Agreement**

**BETWEEN THE PROVINCE AND THE BOARD OF HEALTH**

**(BOARD OF HEALTH FOR THE CITY OF HAMILTON, PUBLIC HEALTH SERVICES)**

**EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2020**

**SCHEDULE "A"**  
**GRANTS AND BUDGET**

Board of Health for the City of Hamilton, Public Health Services

<b>DETAILED BUDGET - MAXIMUM BASE FUNDS</b> <b>(FOR THE PERIOD OF JANUARY 1, 2020 TO DECEMBER 31, 2020, UNLESS OTHERWISE NOTED)</b>			
<b>Programs/Sources of Funding</b>	<b>2019 Approved Allocation (\$)</b>	<b>Increase / (Decrease) (\$)</b>	<b>2020 Approved Allocation (\$)</b>
Mandatory Programs (70%)	28,941,200	(2,215,800)	26,725,400
MOH / AMOH Compensation Initiative (100%) <sup>(1)</sup>	271,000	(103,000)	168,000
Ontario Seniors Dental Care Program (100%)	2,248,100	-	2,248,100
<b>Total Maximum Base Funds<sup>(2)</sup></b>	<b>31,460,300</b>	<b>(2,318,800)</b>	<b>29,141,500</b>

<b>DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS</b> <b>(FOR THE PERIOD OF APRIL 1, 2020 TO MARCH 31, 2021, UNLESS OTHERWISE NOTED)</b>	
<b>Projects / Initiatives</b>	<b>2020-21 Approved Allocation (\$)</b>
Mitigation (100%) <sup>(3)</sup>	2,215,800
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)	189,000
Mandatory Programs: Public Health Inspector Practicum Program (100%)	10,000
Mandatory Programs: Racoon Rabies Outbreak Response (100%)	106,900
MOH / AMOH Compensation Initiative (100%)	41,900
Ontario Seniors Dental Care Program Capital: Dental Clinic Upgrades – Centre de santé Communautaire (100%) <sup>(4)</sup>	137,700
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic Bus (100%) <sup>(4)</sup>	550,000
Temporary Pandemic Pay Initiative (100%) <sup>(5)</sup>	311,800
<b>Total Maximum One-Time Funds<sup>(2)</sup></b>	<b>3,563,100</b>

<b>MAXIMUM TOTAL FUNDS</b>	<b>2019-20 Approved Allocation (\$)</b>	<b>2020-21 Approved Allocation (\$)</b>
<b>Base and One-Time Funding</b>	<b>31,460,300</b>	<b>32,704,600</b>

<b>DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS</b> <b>(FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)</b>	
<b>Projects / Initiatives</b>	<b>2021-22 Approved Allocation (\$)</b>
Mitigation (100%) <sup>(6)</sup>	2,215,800
<b>Total Maximum One-Time Funds<sup>(2)</sup></b>	<b>2,215,800</b>

**NOTES:**

- (1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
- (2) Maximum base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Province provides a new Schedule "A".
- (3) One-time funding is for the period of January 1, 2020 to December 31, 2020.
- (4) One-time funding is approved for the period of April 1, 2020 to March 31, 2021, or such later EXPIRY DATE as agreed to by the parties.
- (5) One-time funding is approved for the period of April 24, 2020 to August 13, 2020.
- (6) One-time funding is approved for the period of January 1, 2021 to December 31, 2021.

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

**BASE FUNDING**

*Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.*

#### **Mandatory Programs: Harm Reduction Program Enhancement**

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

#### Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province (to be provided).

#### Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

To achieve this, the Board of Health is expected to:

## SCHEDULE "B"

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>BASE FUNDING</i></b>
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- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
  - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
  - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
  - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
  - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

#### *Use of NARCAN® Nasalspray*

The Board of Health will be required to submit orders for Narcan to the Province in order to implement the Harm Reduction Program Enhancement. By receiving Narcan, the Board of Health acknowledges and agrees that:

- Its use of the Narcan is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with the Narcan.
- The Province takes no responsibility for any unauthorized use of the Narcan by the Board of Health or by its clients.
- The Board of Health also agrees:
  - To not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
  - To comply with the terms and conditions as it relates to the use and administration of Narcan as specified in all applicable federal and provincial laws.
  - To provide training to persons who will be administering Narcan. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of Narcan.
  - To follow all provincial written instructions relating to the proper use, administration, training and/or distribution of Narcan.
  - To immediately return any Narcan in its custody or control at the written request of the Province at the Board of Health's own cost or expense.



## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

***BASE FUNDING***

- That the Province does not guarantee supply of Narcan, nor that Narcan will be provided to the Board of Health in a timely manner.

#### Opioid Overdose Early Warning and Surveillance

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit synthetic opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of “real-time” qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action. They should also include reporting to the province through a mechanism currently under development.

#### ***Mandatory Programs: Healthy Smiles Ontario Program***

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and “look and feel” across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health’s Communications and Marketing Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in the Standards Activity Reports, Annual Reports, and Annual Service Plan and Budget Submission.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.

## SCHEDULE "B"

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<b><i>BASE FUNDING</i></b>
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- Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15<sup>th</sup> of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
- Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented. Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

#### ***Mandatory Programs: Nursing Positions***

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:

- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

**BASE FUNDING**

- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

#### ***Mandatory Programs: Smoke-Free Ontario Strategy***

The Smoke-Free Ontario Strategy is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the *Smoke-Free Ontario Act, 2017*.

#### ***MOH / AMOH Compensation Initiative (100%)***

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

#### ***Ontario Seniors Dental Care Program (100%)***

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

**STAGE 1: Beginning Fall 2019** – The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services are

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding
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<i><b>BASE FUNDING</b></i>
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available for eligible seniors through Boards of Health and participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and is provided to eligible low-income seniors through Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

**STAGE 2: Beginning Winter 2020** – The second stage of the program, which began in winter 2020, and will continue throughout the year, will expand the program by investing in new dental clinics to provide care to more seniors in need. This will include new dental services in underserved areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program began in Winter 2020 and will continue throughout the year.

#### Program Enrolment

Program enrolment is managed centrally and is not be a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors’ signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

#### Program Delivery

The OSDCP will be delivered through Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Base funding for the OSDCP must be used by the Board of Health in accordance with the OSDCP-related requirements of the Oral Health Protocol, 2018 (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health can allocate base funding for this Program across the program expense categories, with every effort to be made to maximize clinical service delivery and minimize administrative costs.

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

***BASE FUNDING***

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
  - Overhead costs associated with the Program’s clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.
  
- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program’s clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program’s clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are **not** eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the Oral Health Protocol, 2018 (or as current), which are not related to the OSDCP.

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

***BASE FUNDING***

#### Other Requirements

##### *Marketing*

- When promoting the OSDCP locally, the Board of Health is requested to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

##### *Revenue*

- The Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health’s responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

##### *Community Partners*

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

## SCHEDULE "B"

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

**ONE-TIME FUNDING**

#### **Mitigation (100%)**

One-time mitigation funding must be used to offset the increased public health program costs of municipalities as a result of the cost-sharing change.

#### **Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)**

One-time funding must be used for the purchase of 10 new purpose-built vaccine refrigerators - three (3) x 22 cubic foot; 3 x 40 cubic foot; two (2) x 50 cubic foot; and, 2 x 51 cubic foot (approximate) - used to store publicly funded vaccines. The purpose-built refrigerators must meet the following specifications:

- a. Interior
  - Fully adjustable, full extension stainless steel roll-out drawers;
  - Optional fixed stainless-steel shelving;
  - Resistant to cleaning solutions;
  - Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
  - Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
  - Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.
- b. Refrigeration System
  - Heavy duty, hermetically sealed compressors;
  - Refrigerant material should be R400 or equivalent;
  - Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
  - Evaporator operates at +2°C, preventing vaccine from freezing.
- c. Doors
  - Full view non-condensing, glass door(s), at least double pane construction;
  - Spring-loaded closures include  $\geq 90^\circ$  stay open feature and  $< 90^\circ$  self-closing feature;
  - Door locking provision;
  - Option of left-hand or right-hand opening; and,
  - Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.
- d. Tamper Resistant Thermostat
  - The thermostat should be set at the factory to +5°C with a control range between +2°C to +8°C but this could be done at the time of delivery/installation at no additional cost.
- e. Thermometer
  - An automatic temperature recording and monitoring device with battery backup;
  - An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1°C;

## SCHEDULE "B"

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

**ONE-TIME FUNDING**

- The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
  - The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5°C or better.
- f. Alarm Condition Indicator
- Audible and visual warnings for over-temperature, under-temperature and power failure;
  - Remote alarm contacts;
  - Door ajar enunciator; and,
  - Alarm testing system.
- g. Top or Bottom Mounted Compressors/Condensers
- Compressor mounted at top or bottom but not in rear.
- h. Noise Levels
- The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.
- i. Locking Plug
- Power supply must have a locking plug.
- j. Castors
- Heavy duty locking castors either installed at the factory or upon delivery.
- k. Voltage Safeguard
- Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.
- l. Warranty
- The warranty should include, from date of acceptance, a five-year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than 12 hours after the service call was made. Software upgrades provided free of charge during the warranty period.
- m. Electrical Equipment
- All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

#### ***Mandatory Programs: Public Health Inspector Practicum Program (100%)***

One-time funding must be used to hire the approved Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.



## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

***ONE-TIME FUNDING***

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student’s term.

#### ***Mandatory Programs: Racoon Rabies Outbreak Response (100%)***

One-time funding must be used to support the Board of Health’s response to the racoon rabies outbreak in the community. Eligible costs include salary and benefits, and some operating costs for response efforts including, but not limited to, medical and media advisories, website costs, and distributing promotional materials.

#### ***MOH / AMOH Compensation (100%)***

One-time funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs.

The maximum one-time funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will be adjusted by the Province based on up-to-date application data and information provided by the Board of Health during the funding year.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

#### ***Ontario Seniors Dental Care Program Capital: Dental Clinic Upgrades – Centre de santé Communautaire (100%)***

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to repair and replace clinic equipment. Eligible costs include renovations to the existing clinic including replacement of damaged clinic cabinetry and countertops, and furniture and equipment (e.g., portable dental units and portable dental chair).

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

**ONE-TIME FUNDING**

- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection/prevention and control practices as appropriate to the programs and services being delivered within the facility.

#### ***Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic Bus (100%)***

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to expand the mobile clinical service capacity with a 9-foot ADI wheelchair accessible Mobile Dental Clinic (bus). Eligible costs include replacement of the existing bus with a new bus equipped with Adec dental equipment and will include 2 dental operatories, a reception area, and laboratory.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- Funding for this mobile dental clinic bus is conditional on the Board of Health making best efforts to enter into Service Level Agreements with adjacent Boards of Health to provide dental services to enrolled clients in the adjacent public health units to address access issues, as needed.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection/prevention and control practices as appropriate to the programs and services being delivered within the facility, as well as wheel-chair accessible.

#### ***Temporary Pandemic Pay Initiative (100%)***

##### **1. Purpose**

- To provide additional support for eligible Board of Health employees who are experiencing severe challenges and are at heightened risk during the COVID-19 outbreak, the Province is providing a pandemic pay increase between April 24, 2020 and August 13, 2020 for the public health sector.
- The Temporary Pandemic Pay Initiative is a targeted program designed to support Board of Health employees who face a real and perceived risk of COVID-19 exposure, where maintaining physical distancing is difficult or not possible.

##### **2. Pandemic Pay Funds**

- The Province will: determine the Board of Health’s eligibility; the amount of Pandemic Pay one-time funding the Board of Health may be eligible to receive; and, provide the Board of Health with

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

**ONE-TIME FUNDING**

Pandemic Pay one-time funding for the purposes of administering the Temporary Pandemic Pay Initiative.

#### 3. Board of Health’s Obligations

- The Board of Health will:
  - Be required to determine and identify eligible employees;
  - Pay Pandemic Pay funds to each eligible employee that the Board of Health employs in accordance with the Temporary Pandemic Pay calculations as set out in section 5;
  - Make reasonable efforts to set out Temporary Pandemic Pay as a separate line item from other amounts paid to eligible employees in a pay stub or other document provided to eligible employees;
  - Only use Pandemic Pay one-time funding for the purposes of paying eligible employees and the costs incurred under statute or contract because of the payment of Temporary Pandemic Pay. For greater clarity, the Temporary Pandemic Pay one-time funding may not be used for administrative costs or any other purpose for which funding is provided to the Board of Health under the Agreement;
  - Create and maintain records that document: number of employee hours eligible for hourly pandemic pay, tracked per mid-term and final reporting periods, gross amount of hourly pandemic pay paid out to eligible employees, gross amount of pandemic pay lump sum paid out to eligible workers, amount of statutory contributions paid by employers as a result of providing pandemic pay to eligible workers, amount paid by the Board of Health to address statutory or collective agreement entitlements as a result of providing pandemic pay, and completed attestations for lump sum payments;
  - Provide the Province with such information and records, including the records listed above as may be requested in order to calculate the Board of Health’s entitlement to Pandemic Pay one-time funding or to evaluate the outcomes and effectiveness of the Board of Health’s use of Pandemic Pay one-time funding; and,
  - At the request of the Province, provide communications materials to eligible employees concerning the Temporary Pandemic Pay Initiative.

#### 4. Eligibility

- The eligibility period for the Temporary Pandemic Pay Initiative is from April 24, 2020 up to and including August 13, 2020.
- The following Board of Health employees (in a full-time or part-time capacity) are eligible for Temporary Pandemic Pay:
  - Nurses that have consistent and ongoing risk of exposure (i.e., direct/in-person client interaction) to COVID-19 (Infection Prevention and Control Nurses, Nurse Practitioners, Registered Nurses, Registered Practical Nurses, Public Health Nurses).
- For additional clarity, all other Board of Health employees (including individuals employed in a management capacity) are not eligible for Temporary Pandemic Pay one-time funding approved as part of this Agreement.

#### 5. Calculation of Temporary Pandemic Pay

- Temporary Pandemic Pay for each eligible employee shall be calculated based on the following criteria during the eligibility period set out in section 4.

## SCHEDULE "B"

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

#### ***ONE-TIME FUNDING***

- Temporary Pandemic Pay is to be calculated in addition to an employee's regular wages and is not part of base salary;
- For each hour worked during the eligibility period, the eligible employee shall be paid four dollars (\$4);
- Where an eligible employee works more than one hundred (100) hours in one of the designated four-week periods set out below, they shall be paid an additional lump sum payment of two hundred and fifty dollars (\$250) for that period and up to one thousand dollars (\$1,000) over these sixteen (16) week:
  - April 24, 2020 to May 21, 2020
  - May 22, 2020 to June 18, 2020
  - June 19, 2020 to July 16, 2020
  - July 17, 2020 to August 13, 2020
- Subject to the Province's sole discretion to determine the amount, the following shall be included in the calculation of Temporary Pandemic Pay Funds:
  - The total amount that eligible Board of Health employees are eligible to receive as Temporary Pandemic Pay; and,
  - An amount equal to the increased costs that the Board of Health incurs pursuant to its obligations as an employer under a statutory or contractual requirement but does not include increased costs associated with any required contributions to a pension plan or benefits plan. Examples of increased costs include: Employers' statutory contributions to the Canada Pension Plan, Employers' statutory contributions to Employment Insurance, Employer Health Tax on payroll, Employers' statutory obligation to pay Workplace Safety and Insurance Board premiums, Employers' statutory payment of Vacation Pay, Employers' statutory payment of Public Holiday Pay, and Employers' statutory payment of Overtime Pay.
- The Board of Health will be required to return any funding not used for the intended purpose. Unspent funds are subject to recovery in accordance with the Province's year-end reconciliation policy.

## SCHEDULE “B”

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

**OTHER**

#### ***Infectious Diseases Programs Reimbursement***

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office the Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: [IDPP@ontario.ca](mailto:IDPP@ontario.ca).

#### Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the *Infectious Diseases Protocol, 2018* (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

#### Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the *Tuberculosis Program Guideline, 2018* (or as current).

#### ***Vaccine Programs Reimbursement***

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

#### Influenza

- The Province will continue to pay \$5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

## SCHEDULE "B"

### RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding
<i>OTHER</i>

#### Meningococcal

- The Province will continue to pay \$8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
  - Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

#### Human Papillomavirus (HPV)

- The Province will continue to pay \$8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.

**SCHEDULE “C”  
REPORTING REQUIREMENTS**

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
<b>1. Annual Service Plan and Budget Submission</b>	For the entire Board of Health Funding Year	March 1 of the current Board of Health Funding Year
<b>2. Quarterly Standards Activity Reports</b>		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
<b>3. Annual Report and Attestation</b>	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
<b>4. Annual Reconciliation Report</b>	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
<b>5. MOH/AMOH Compensation Initiative Application</b>	For the entire Board of Health Funding Year	As directed by the Province
<b>6. Temporary Pandemic Pay Initiative Reports</b>	For the period of April 24, 2020 to August 13, 2020	As directed by the Province
<b>7. Temporary Pandemic Pay Attestation to the Use of Funding</b>	For the period of April 24, 2020 to August 13, 2020	To Be Determined

Name of Report	Reporting Period	Due Date
<b>8. Other Reports and Submissions</b>	As directed by the Province	As directed by the Province

**Definitions**

For the purposes of this Schedule, the following words shall have the following meanings:

“Q1” means the period commencing on January 1st and ending on the following March 31st.

“Q2” means the period commencing on April 1st and ending on the following June 30th.

“Q3” means the period commencing on July 1st and ending on the following September 30th.

“Q4” means the period commencing on October 1st and ending on the following December 31st.

**Report Details**

Annual Service Plan and Budget Submission

- The Board of Health shall provide its Annual Service Plan and Budget Submission by March 1st of the current Board of Health Funding Year.
- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.



- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

#### Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.
- Specific to Temporary Pandemic Pay Initiative, the Board of Health shall provide the following as part of the Annual Reconciliation Report:
  - Accounting for the reporting of both the revenue and expenditures for the Temporary Pandemic Pay Initiative should appear as separate and distinct items within the Annual Reconciliation Report.
  - The Audited Financial Statement must include appropriate disclosure regarding the Board of Health's revenue and expenditures related to the Temporary Pandemic Pay Initiative.

#### MOH/AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

#### Temporary Pandemic Pay Initiative Reports

- Temporary Pandemic Pay Initiative reports will be submitted to the Province on a defined template, in line with provincial requirements.
- Reports will be signed-off as appropriate (e.g., Medical Officer of Health, Chief Executive Officer, Business Administrator).
- Reporting requirements will include the provision of information such as the number of eligible Board of Health employees, their positions, hours of work, and status report regarding utilization of funds (for the purposes of reallocation funding if needed).

#### Temporary Pandemic Pay Initiative Attestation to the Use of Funding

- For the purposes of program evaluation and audit, the Province will seek assurances the funds have been disbursed as intended by the Agreement's terms and conditions, through the submission of a written attestation from the Board of Health.

## SCHEDULE "D"

### BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

**1. Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.**

Examples of potential controls to support this objective include, but are not limited to:

- Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
- Define approval limits to authorize appropriate individuals to perform appropriate activities.
- Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
- An authorized chart of accounts.
- All accounts reconciled on a regular and timely basis.
- Access to accounts is appropriately restricted.
- Regular comparison of budgeted versus actual dollar spending and variance analysis.
- Exception reports and the timeliness to clear transactions.
- Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

**2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.**

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

**3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.**

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

**4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.**

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

**Ministry of Health**

**Ministère de la Santé**

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eApprove-72-2020-101

**AUG 21 2020**

Dr. Elizabeth Richardson  
Medical Officer of Health  
City of Hamilton, Public Health Services  
100 Main Street West  
Hamilton ON L8P 1H6

Dear Dr. Richardson:

**Re: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the City of Hamilton, Public Health Services (the “Board of Health”) dated January 1, 2014, as amended (the “Agreement”)**

This letter is further to the recent letter from the Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health will provide the Board of Health with up to \$3,251,300 in one-time funding for the 2020-21 funding year, and up to \$2,215,800 in one-time funding for the 2021-22 funding year, to support the provision of public health programs and services in your community.

This will bring the total maximum funding available under the Agreement for the 2020-21 funding year up to \$32,704,600 (\$29,141,500 in base funding and \$3,563,100 in one-time funding), which includes a change to the provincial / municipal cost-sharing arrangement for public health programs effective as of January 1, 2020, one-time mitigation funding to offset costs of municipalities as a result of the cost-sharing changes, one-time capital funding to support implementation of the Ontario Seniors Dental Care Program, and funding to support other related public health programs and services.

Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

Dr. Elizabeth Richardson

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

It is also essential that you manage costs within your approved budget.

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Elizabeth Walker, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health, at 416-212-6359 or by email at [Elizabeth.Walker@ontario.ca](mailto:Elizabeth.Walker@ontario.ca).

Yours truly,



David C. Williams, MD, MHSc, FRCPC  
Chief Medical Officer of Health

Attachments

- c: Mayor Fred Eisenberger, Board Chair, City of Hamilton, Public Health Services
- David Trevisani, Manager, City of Hamilton, Public Health Services
- Jim Yuill, Director, Financial Management Branch, MOH
- Jeffrey Graham, Director (A), Fiscal Oversight & Performance Branch, MOH

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

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**Ministère de la Santé**

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eApprove-72-2020-101

**AUG 2 1 2020**

Mayor Fred Eisenberger  
Chair, Board of Health  
City of Hamilton, Public Health Services  
71 Main Street West  
Hamilton ON L8P 4Y5

Dear Mayor Eisenberger:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the City of Hamilton, Public Health Services up to \$3,251,300 in one-time funding for the 2020-21 funding year, and up to \$2,215,800 in one-time funding for the 2021-22 funding year, to support the provision of public health programs and services in your community.

Dr. David Williams, Chief Medical Officer of Health, will write to the City of Hamilton, Public Health Services shortly concerning the terms and conditions governing the funding.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19.

Therefore, the Ministry of Health is providing further stability to municipalities with additional one-time mitigation funding for public health units, if required, for both 2020 and 2021 funding years. This funding ensures that municipalities do not experience any increase as a result of the cost-sharing change.

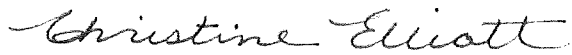
This is in addition to the \$100 million increased investment to support the public health sector's response to COVID-19. Following receipt of this letter, the ministry will be initiating the process for public health units to request reimbursement of one-time extraordinary costs incurred in managing the response to COVID-19.

.../2

Mayor Fred Eisenberger

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in cursive script that reads "Christine Elliott".

Christine Elliott  
Deputy Premier and Minister of Health

c: Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton, Public Health Services



Dear Mr. Mayor,

I am a senior living in a high rise on Kendale Crt. and would like to see Hamilton Council follow the lead of several other jurisdictions and legislate the wearing of masks in public areas of apartment buildings and condos.

The property management company that operates 21 (and 11) Kendale Crt. has recently posted signs indicating that because of Covid-19 masks are required to be worn in all common areas. However, I encounter tenants on a daily basis who ignore the mask requirement. Other than asking such people to wait for the next elevator or waiting myself for another elevator, there is not much I can do. And I don't know what, if anything, the landlord can do.

The situation is annoying and, of course, unhealthy. If there were a city bylaw mandating the wearing of masks I would not hesitate to notify the appropriate authorities if such a bylaw was being ignored. I suspect, however, that with a bylaw in place the wearing of masks would not be an issue.

I reached out to my local ward councillor and did hear back from his office. But there was nothing in the reply to suggest any interest in a municipal bylaw on face masks.

I strongly urge you and members of Council to consider the well being of thousands of Hamilton residents and enact an enforceable bylaw that requires that masks be worn in all common areas of apartment buildings and condominiums.

Best regards.  
Bill McDonald



Hamilton

# Overview of COVID-19 activity in the City of Hamilton 11 Mar – 18 Sept 2020

BOH – 21 Sept 2020

9.1

# Overview

## 1. Case activity

- Cumulative count
- Peak
- Age distribution
- Exposures

## 2. Outbreak activity

- Facilities
- Staff + resident counts
- Fatalities

# 1. Case activity

# Case statistics



**Total of 1,056 cases** in the City of Hamilton:

- 48 cases active
- 963 cases resolved
- 45 fatalities



**54% female**

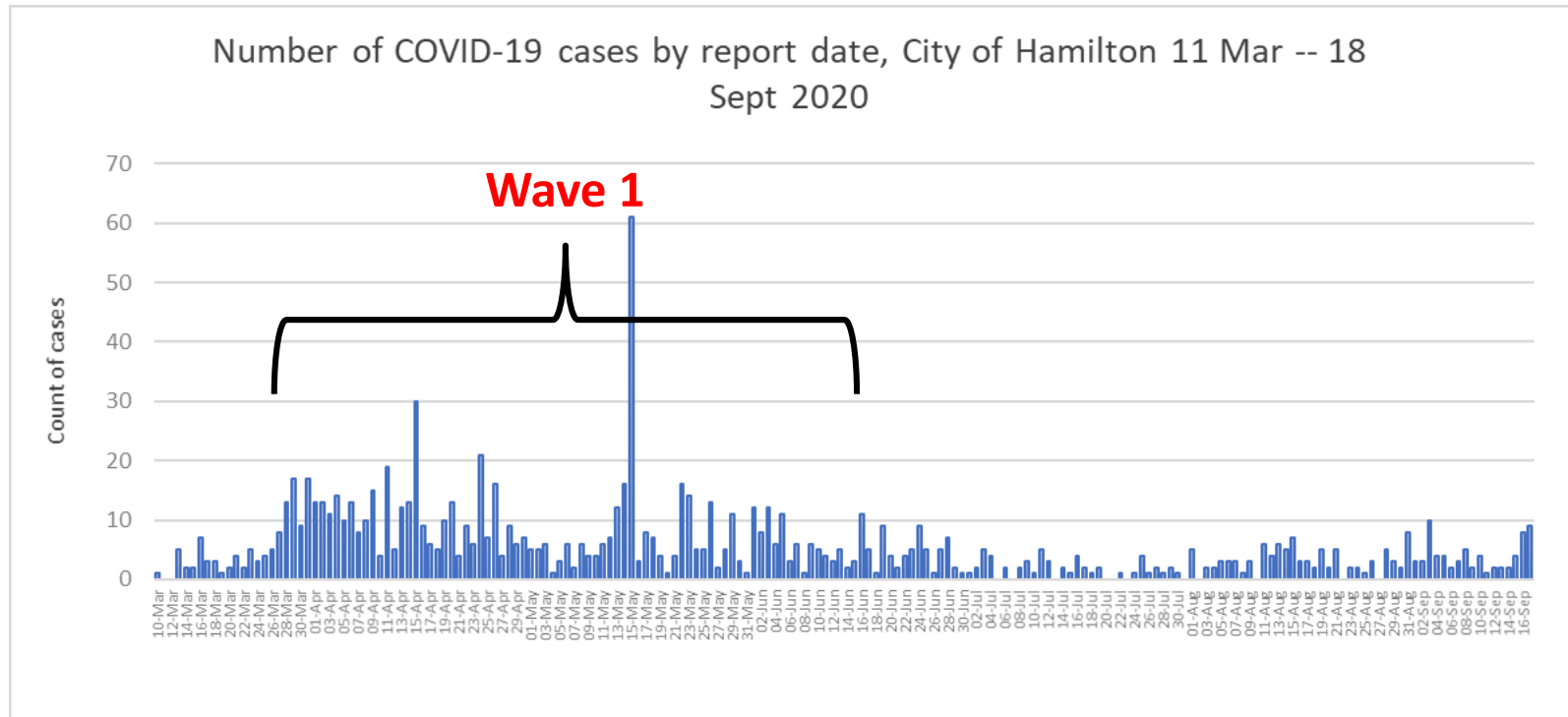
**46% male**

**150 cases** ever hospitalized



**62,062 COVID-19 tests completed** at Hamilton Assessment Centres

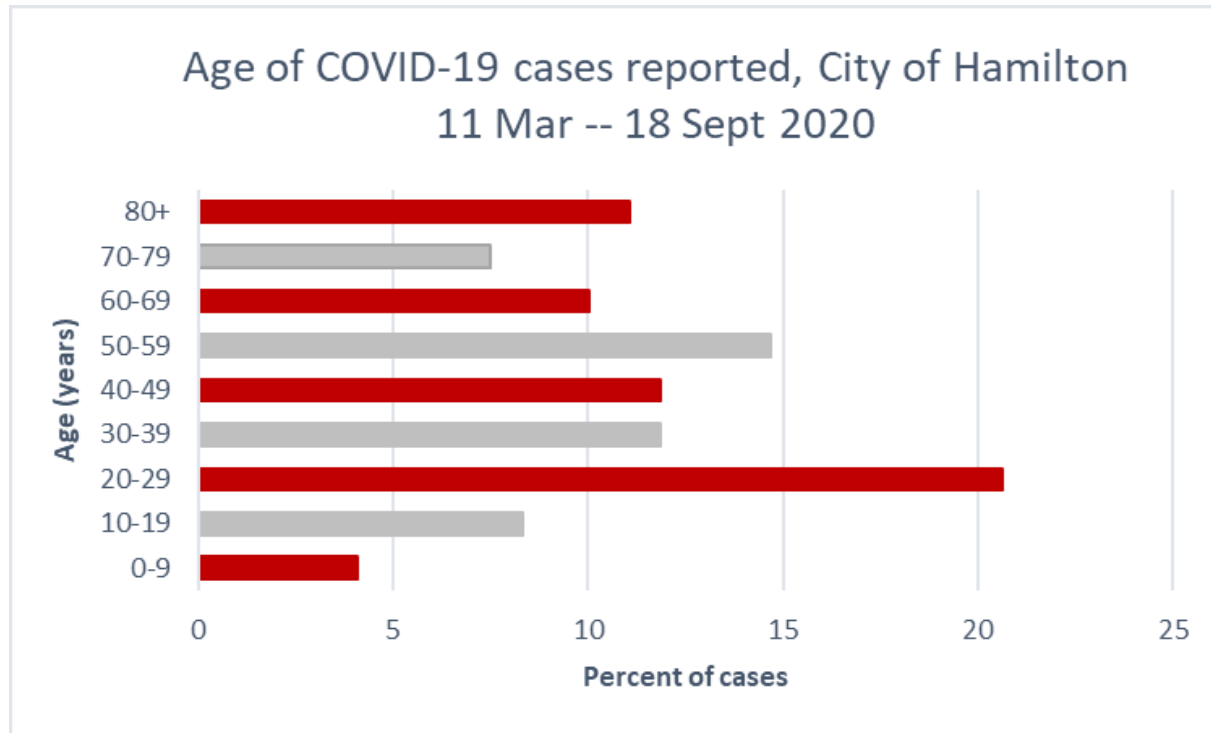
# Reported cases



## Key messages

- Cases started to increase sharply at the end of March
- Time of least activity was the end of July
- Day with most cases reported: 15 May (most were outbreak-associated)

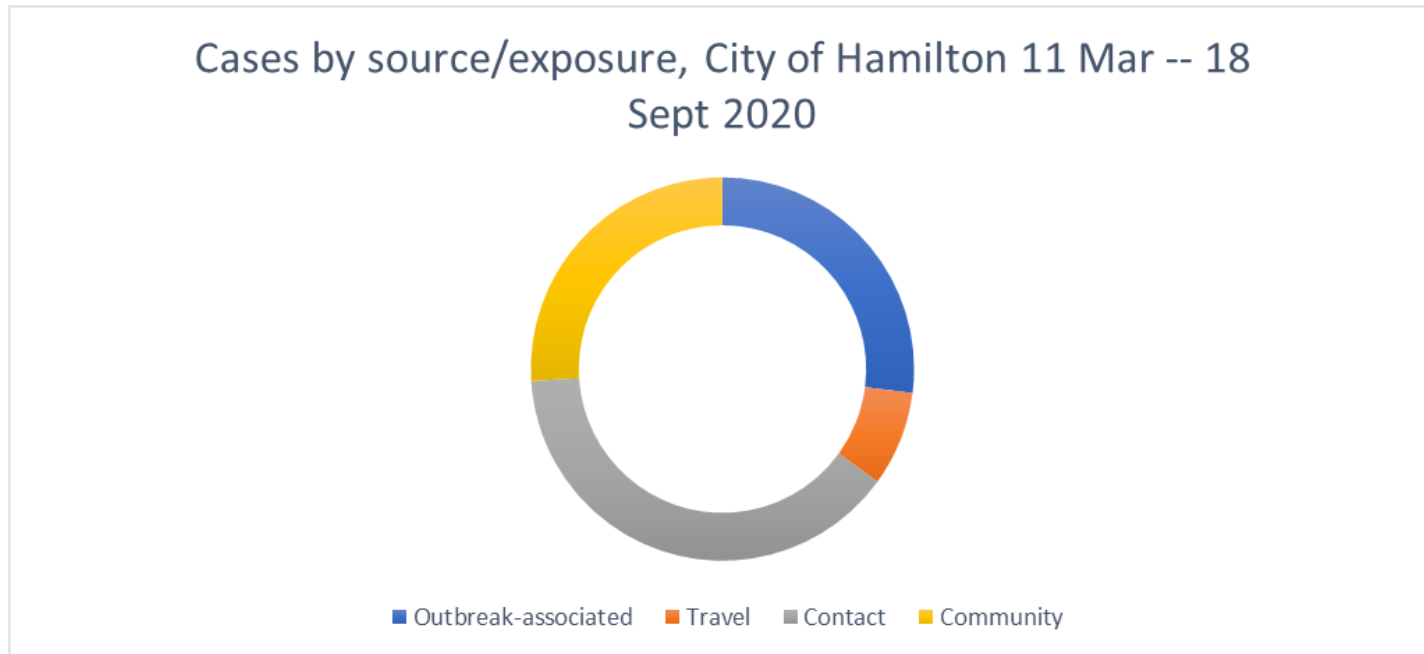
# Age distribution



## Key messages

- Overall, the 20-29-year-old age group has seen the highest number of cases
- The fewest cases have been reported in the 0-9 age group

# Case exposures



## Key messages

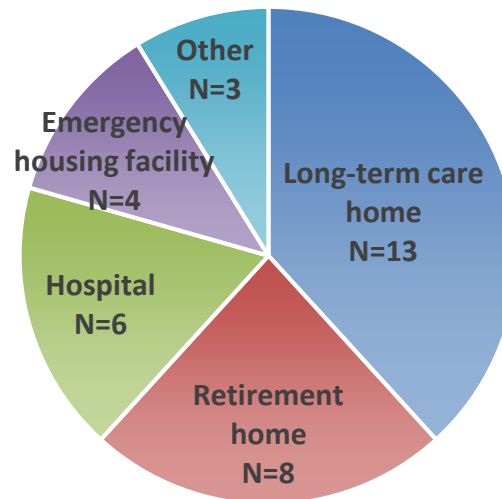
- Cases are separated as follows:
  - Outbreak associated → related to travel → contact of another case → community
- The majority of cases have been contacts of other cases



## 2. Outbreak activity

# Facility types

Percent of outbreaks by facility type, City of Hamilton 11 Mar – 18 Sept 2020



## Key messages

- The largest number of outbreaks have occurred in long-term care homes (N=13, 38%)
- The first outbreak occurred in mid-March at the Heritage Green Long-Term Care Home
- Spread of the virus within the facility occurred in only 15 of the 34 (44%) of outbreaks

# Outbreak cases

Facility type	Total cases	Staff cases	Resident/patient cases	Resident/patient fatalities
Long-term care home	43	16	27	6
Retirement home	161	44	117	25
Hospital	33	28	5	1
Emergency Housing Facility	11	7	4	0
Other	11	7	4	2

## Key messages

- There were no staff fatalities in any outbreaks
- The majority of COVID-19 fatalities are outbreak-associated (34/45 = 76%)
- The largest outbreak occurred at The Rosslyn Retirement Home (86 cases)

Thank you!



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
**Healthy Families Division**

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	September 21, 2020
<b>SUBJECT/REPORT NO:</b>	Dental Program Update (BOH19026(b)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Pat Armstrong (905) 546-2424 Ext. 7158
<b>SUBMITTED BY:</b>	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
<b>SIGNATURE:</b>	

## RECOMMENDATION

That the Board of Health authorize and direct the Medical Officer of Health to increase the Ontario Senior's Dental Care Program complement by 0.5 FTE.

## EXECUTIVE SUMMARY

The purpose of this report is to update the Board of Health on the implementation of the new 100% funded Ontario Seniors Dental Care Program (OSDCP) in the City of Hamilton, launched in November 2019 by the Ministry of Health (Ministry) for eligible low-income seniors.

In December 2019 the Ministry approved two capital projects (BOH19026(a)). The capital funding approval left service gaps at the downtown dental clinic and the Public Health Services (PHS) mountain clinic at 891 Upper James Street. Further planning has occurred to address these service gaps and improve access to rural and surrounding communities. The original plan was estimated to serve 4,300 unique clients per year. Similarly, the new service delivery plan is estimated to provide service to 4,315 unique clients.

The revised plan maximizes our provincial funding and is responsive to the comprehensive health promotion plan that was implemented in consultation with the

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community groups to identify barriers and needs of seniors in Hamilton and surrounding area including Flamborough, Dundas, Glanbrook and Waterdown. The plan provides a new senior's dental health bus to provide service three days per week to eligible seniors in the City of Hamilton, on the mountain, in long-term care and in rural areas. For the remaining two days per week, in accordance with the amended accountability agreement from the Ministry, PHS will make best efforts to enter into service level agreements (SLA's) with adjacent Boards of Health to provide dental service to eligible seniors and address access issues. Initial discussions have taken place with an adjacent public health unit. It is suggested that costs be fully recovered and opportunities for reinvestment into the OSDCP be considered.

### Alternatives for Consideration – Not Applicable

### FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Table 1: Proposed Budget

<b>Service Delivery Site</b>	<b>Original Budget</b>	<b>Revised Annual Budget</b>
Public Health Services	\$1,389,830	\$1,299,800
Centre de Santé Communautaire	\$255,460	\$346,520
Urban Core	\$109,780	\$109,780
Contracted Denturist and dental lab services	\$200,000	\$200,000
Contracted Oral Surgeon, Endodontist, Periodontist	\$293,030	\$222,000
Community outreach worker all CHC's		\$70,000
Reimbursement from neighbouring PHUs under Ministry direction		TBD
<b>TOTAL</b>	<b>\$2,248,100</b>	<b>\$2,248,100</b>
<b>Total Ministry Funding</b>	<b>\$2,248,100</b>	<b>\$2,248,100</b>

Staffing: The initial budget was approved in October 2019 (BOH19026 (a)). With the changes to the plan, an increase PHS Dental staffing levels by 0.5 FTE is required. The additional \$28,100 cost will be managed through reducing contractual services and is better aligned with need.

Legal: The partnerships between the Board of Health and Community Health Centres (CHCs) will be governed by a service level agreement, which outlines performance expectations, funding, reporting requirements and accountability mechanisms. Specialty dental services including oral surgery, dentures, endodontic and periodontal services will be provided

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through a service level agreement, and partnerships with neighbouring Boards of Health will also be governed by a service level agreement.

## **HISTORICAL BACKGROUND**

The City of Hamilton currently provides dental services to low-income adults at the Public Health dental clinic and the dental health bus for those who are residents of Hamilton, do not have dental insurance coverage and cannot afford dental care in the community. These services are 100% funded by the municipality.

In April 2019 the Provincial government announced the creation of the Ontario Seniors Dental Care Program.

In June 2019, the Board of Health received a letter from the Ministry announcing Hamilton's annual base funding increase of \$2,248,100 to support the new dental program. This is a 100% provincially funded program.

In August 2019, Public Health Services submitted a capital funds application to the Ministry for one-time funding that supports implementation of the locally developed seniors dental care service delivery plan.

In October 2019, the Board of Health received the plan (BOH19026(a)) for a Seniors Oral Health program in Hamilton including the prioritized capital investments submitted to the province. At that time, Board of Health also submitted a letter to the Ministry recommending no denture co-payment for low-income seniors.

On November 21, 2019, the OSDCP officially launched, with services initially delivered by maximizing the existing infrastructure on the dental health bus and extending hours at the Public Health dental clinic until capital builds are complete.

In December 2019, Public Health received approval from the Board of Health for \$687,700 in one-time Ministry funding to support two out of four of Hamilton's capital investment recommendations including a new senior's dental health bus and a dental clinic at Centre de Santé Communautaire. The Ministry sent new Schedules and Public Health Funding and Accountability Agreements that outline the terms and conditions governing the one-time capital funding. In the amended agreement the Ministry specified requirements of the one-time funding. Of note are the requirements that no additional operating funding beyond the approved operating annual budget of \$2,248,100.00 will be made available.

On March 17, 2020 all dental programs were reduced to emergency services only as required by the Royal College of Dental Surgeons (RCDSO) due to COVID-19. Regular dental services are now resuming as safety measures are put in place for aerosol generating procedures including doors and air purifiers.

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**POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

Amendments to the Ontario Public Health Standards (OPHS) and related protocols were released August 1, 2019 that outline public health unit requirements and operational roles and responsibilities. The Ministry has released the final service schedules, including the requirement for a denture co-pay.

**RELEVANT CONSULTATION**

A comprehensive health promotion plan has been implemented in consultation with the following groups to identify barriers and needs of seniors in Hamilton and surrounding area including Flamborough, Dundas, Glanbrook and Waterdown. This work was achieved prior to COVID-19.

- Seniors Advisory committee presentations in summer and fall 2019;
- Seniors at Risk Community Collaborative;
- Provided resources to libraries, recreation centers, CHCs community partners including the Salvation Army Family Services, Catholic Family Services, Flamborough Connects and Glanbrook Community Services;
- We have connected with DARTS, VON, and United Way, Seniors Helping Seniors;
- Focus group testing of about 75 people through various organizations who serve low income seniors; and,
- We have reached out to Dundas Seniors Centre and collaborated with City Housing to provide information and help seniors complete applications.

PHS continues to work with Centre de Santé Communautaire, Compass Community Health Centre, Hamilton Urban Core and De dwa da dehs nye>s Aboriginal Health Centre.

PHS continues to consult with Ontario Works Special Support program and Hamilton Community Foundation (HCF) to discuss impacts of planning.

PHS continues to work with Macassa Lodge and Wentworth lodge on a plan to address the needs of eligible seniors in Long term care. This work has been on hold during COVID-19 but plans to resume in September are in progress.

PHS has surveyed and received interest from specialists and denturists in the community.

To satisfy requirements for the service level agreement with all service providers, CHCs and Long-Term Care, a comprehensive Privacy Impact Assessment is in progress. PHS continues to work with Legal and Procurement services to develop service level agreements and purchase the new dental health bus.

The revised budget has been reviewed and approved by Finance and Administration.

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**ANALYSIS AND RATIONALE FOR RECOMMENDATION**

Oral health is linked to overall health and well-being and is an important matter for many seniors in the community. As people age, their oral health may become worse due to medication, medical conditions as well as mobility limitations that make good oral hygiene difficult to maintain. In addition, seniors may face barriers to accessing dental care due to cost, limited physical and cognitive abilities and transportation.

The goal of the OSDCP is to reduce unnecessary trips to the hospital emergency room, prevent chronic disease and improve quality of life for seniors. The Ministry estimates a 40% uptake in provincial programs and has allocated funding based on an estimate of 3,986 eligible seniors applying for the OSDCP in Hamilton. This is not a fee-for-service model, and the OSDCP program services are to be delivered through Public Health Units and Community Health Centres. Specialty dental services including oral surgery, endodontics and periodontics are to be arranged through a service level agreement with local dental providers.

In Hamilton, local data reveals that while low income seniors are dispersed across the city there are three main clusters of seniors, in the lower east city, the lower west city and the central mountain. In the new plan the existing bus will continue current service, offering emergency and treatment services to all ages at various sites across the city five days per week. The downtown dental clinic will also continue with current services to clients of all ages. To accommodate the large cluster of low-income seniors in the east end of the city, preventive service at the East End PHS clinic will be available to senior's one day per week, with restorative and preventive services provided at Centre de Santé Communautaire or the downtown dental clinic. The mountain clinic will provide preventive services to seniors one day per week, with restorative services being available on the new senior's dental health bus.

Table 2: Summary of Capital Funding Approvals and Service Delivery Plan

<b>Capital Project</b>	<b>Service Delivery Plan</b>
Build a dental operatory at Centre de Santé Communautaire Hamilton/Niagara	Will provide preventive and restorative dental services five days per week.
Purchase new Seniors dental health bus	Operate five days/week and provide preventive and restorative services to eligible seniors: <ul style="list-style-type: none"> <li>• One day/week at long-term care homes</li> <li>• One day/week at rural and surrounding areas (locations TBD)</li> <li>• One day/week at a Mountain location (location TBD)</li> <li>• Two days/week at adjacent health unit areas</li> </ul>

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Denturist services will be contracted out to providers in the community. The Ministry is firm on the requirement that the final OSDCP plan will include a co-payment for dentures and eligible clients requiring dentures will be expected to pay up to \$80 for denture services. PHS is exploring options to support those to who this would present a barrier.

**ALTERNATIVES FOR CONSIDERATION**

Not Applicable.

**ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN**

**Healthy and Safe Communities**

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

**APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.