



City of Hamilton
BOARD OF HEALTH REVISED

Meeting #: 20-007
Date: November 16, 2020
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall

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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

1. CEREMONIAL ACTIVITIES

2. APPROVAL OF AGENDA

(Added Items, if applicable, will be noted with *)

3. DECLARATIONS OF INTEREST

4. APPROVAL OF MINUTES OF PREVIOUS MEETING

4.1. October 19, 2020

5. COMMUNICATIONS

5.1. Correspondence from Stephanie Draper respecting Mandatory Masks During Physical Activity

Recommendation: Be received.

- *5.2. Correspondence from Margarita De Antunano respecting the Mandatory Mask By-law.

Recommendation: Be received.

- *5.3. Correspondence from John Neary, MD, respecting tighter measures to prevent the spread of Covid-19 in the City of Hamilton.

WITHDRAWN

- *5.4. Correspondence from the Ministry of Health respecting AIDS & Hepatitis C Programs

Recommendation: Be received.

6. DELEGATION REQUESTS

- 6.1. Delegation Request from Anja Dragicevic, respecting Mandatory Masks During Physical Activity (for a future meeting)

7. CONSENT ITEMS

- 7.1. 2020 Board of Health Self-Evaluation (BOH20021) (City Wide)

8. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

- 8.1. Kaley Metler respecting 5G roll-out in the City of Hamilton (approved at the October 19, 2020 meeting)

9. STAFF PRESENTATIONS

- 9.1. Radon Prevalence in Hamilton (BOH20022) (City Wide)
- 9.2. Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present (to be distributed)

10. DISCUSSION ITEMS

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

- 14.1. Closed Session Minutes - October 19, 2020

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 20-006

9:30 a.m.

Monday, October 19, 2020

Council Chambers

Hamilton City Hall

Present: Mayor F. Eisenberger
Councillors M. Wilson (Vice-Chair), J. Farr, N. Nann, S. Merulla, C. Collins, T. Jackson, E. Pauls, J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A. VanderBeek, T. Whitehead and J. Partridge

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

- 1. Correspondence from Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit regarding COVID-19 and Long-Term Care Reform (Item 5.1)**

(Nann/Pearson)

That Correspondence from Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit regarding COVID-19 and Long-Term Care Reform, be endorsed.

Result: Motion CARRIED by a vote of 13 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead

ABSENT - Ward 15 Councillor Judy Partridge

2. 2019 Public Health Services Annual Performance & Financial Report to the Public (BOH20020) (City Wide) (Item 7.1)

(Pearson/Clark)

That Report BOH20020, respecting 2019 Public Health Services Annual Performance & Financial Report to the Public, be received.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
YES	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

3. Social Determinants of Health in COVID-19 (BOH20015) (City Wide) (Item 9.2)

(Whitehead/Ferguson)

That Report BOH20015, respecting the Social Determinants of Health in COVID-19, be received and referred to City of Hamilton Advisory Committees for their information and feedback.

Result: Motion CARRIED by a vote of 13 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls

ABSENT	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
YES	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

4. Residential Care Facility Update (BOH20019/LS20026) (City Wide) (Item 14.1)

(Pearson/Collins)

That Report BOH20019/LS20026, respecting Residential Care Facility Update be received and remain confidential.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
YES	-	Ward 14 Councillor Terry Whitehead
ABSENT	-	Ward 15 Councillor Judy Partridge

FOR INFORMATION:

(a) CEREMONIAL ACTIVITIES (Item 1)

There were no ceremonial activities.

(b) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Board of the following changes:

6. DELEGATION REQUESTS (Item 6)

- 6.1 Delegation from Kaley Metler respecting a 5G Roll-out (for a future meeting)

(Pearson/Clark)

That the agenda for the October 19, 2020 Board of Health be approved, as amended.

Result: Motion CARRIED by a vote of 12 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
ABSENT	-	Ward 15 Councillor Judy Partridge

(c) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) September 21, 2020 (Item 4.1)

(Pearson/Clark)

That the Minutes of the September 21, 2020 meeting of the Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 12 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
ABSENT	-	Ward 15 Councillor Judy Partridge

(e) COMMUNICATIONS (Item 5)

(i) Correspondence from the Hamilton Niagara Haldimand Brant Local Health Integration Network respecting Funding to Support One-time Mental Health & Addictions Services due to COVID-19 and its Related Impacts – Round 2 Support for People and Jobs Funds (Item 5.2)

(Pearson/Nann)

That Correspondence from the Hamilton Niagara Haldimand Brant Local Health Integration Network respecting Funding to Support One-time Mental Health & Addictions Services due to COVID-19 and its Related Impacts – Round 2 Support for People and Jobs Funds, be received.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla

YES	-	Ward 5	Councillor Chad Collins
YES	-	Ward 6	Councillor Tom Jackson
ABSENT	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(f) DELEGATION REQUESTS (Item 6)

(i) Delegation Request from Kaley Metler respecting a 5G Roll-out (for a future meeting) (Added Item 6.1)

(Partridge/Danko)

That the Delegation Request from Kaley Metler respecting a 5G Roll-out, be approved, for a future meeting.

Result: Motion CARRIED by a vote of 14 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

(g) STAFF PRESENTATION (Item 9)

(i) Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present (Item 9.1)

Stephanie Hughes, Epidemiologist, Healthy and Safe Communities, addressed the Board with an Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present, with the aid of a PowerPoint presentation.

(Pearson/Clark)

That the Presentation respecting an Overview of COVID-19 Activity in the City of Hamilton 11 Mar to present, be received.

Result: Motion CARRIED by a vote of 15 to 0, as follows:

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
YES	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

(ii) Social Determinants of Health in COVID-19 (BOH20015) (City Wide) (Item 9.2)

Mackenzie Slifierz Epidemiologist, Healthy and Safe Communities, addressed the Board respecting Social Determinants of Health in COVID-19 (BOH20015), with the aid of a PowerPoint presentation.

(Whitehead/Ferguson)

That the presentation respecting Social Determinants of Health in COVID-19 (BOH20015), be received.

Result: Motion CARRIED by a vote of 13 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
YES	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

For further disposition, refer to Item 3.

(g) PRIVATE AND CONFIDENTIAL (Item 14)

(Collins/Pearson)

That the Board move into Closed Session respecting Items 14.1, pursuant to Section 8.1, Sub-sections (e) and (f) of the City's Procedural By-law 18-270, as amended; and, Section 239(2), Sub-sections (e) and (f) of the Ontario Municipal Act, 2001, as amended, as the subject matters pertain to litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board; and advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
ABSENT	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
YES	-	Ward 12 Councillor Lloyd Ferguson

YES - Ward 13 Councillor Arlene VanderBeek
YES - Ward 14 Councillor Terry Whitehead
ABSENT - Ward 15 Councillor Judy Partridge

**(i) Residential Care Facility Update (BOH20019/LS20026) (City Wide)
(Item 14.1)**

For further disposition of this matter, refer to Item 4.

(h) ADJOURNMENT (Item 15)

(Collins/Pearson)

That, there being no further business, the Board of Health be adjourned at 12:50 p.m.

Result: Motion CARRIED by a vote of 11 to 0, as follows:

YES - Mayor Fred Eisenberger
YES - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr
ABSENT - Ward 3 Councillor Nrinder Nann
ABSENT - Ward 4 Councillor Sam Merulla
YES - Ward 5 Councillor Chad Collins
YES - Ward 6 Councillor Tom Jackson
ABSENT - Ward 7 Councillor Esther Pauls
ABSENT - Ward 8 Councillor J. P. Danko
YES - Ward 9 Councillor Brad Clark
YES - Ward 10 Councillor Maria Pearson
YES - Ward 11 Councillor Brenda Johnson
YES - Ward 12 Councillor Lloyd Ferguson
YES - Ward 13 Councillor Arlene VanderBeek
YES - Ward 14 Councillor Terry Whitehead
ABSENT - Ward 15 Councillor Judy Partridge

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

==Requestor Information==

Name of Individual: Stephanie Draper

Name of Organization: Fitness Coach at Orangetheory Fitness

Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address: [REDACTED]

Reason(s) for delegation request:

I am writing to you as a very concerned citizen of Hamilton who is an avid gym-goer. I live in Stoney Creek and I am a coach of Orangetheory Fitness at Eastgate Square (75 Centennial Parkway North).

On Monday you came to the decision to enforce mask wearing while exercising in fitness facilities. Although I greatly appreciate the fact that the gyms are still open, this decision frustrates me because it is NOT, in any way, based on science. In my opinion this was a knee-jerk reaction based on fear stemming from the unfortunate outbreak at one fitness facility in Hamilton.

In case you haven't done your research, there is MUCH scientific data to support that masks are ineffective in preventing the transmission of CoVID-19. Below I have provided three links where you will find information proving you have made a decision that will not help, but harm the health of Hamiltonians.

Guidelines by the World Health Organization stating that masks should NOT be worn while exercising.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters#exercising>

A scientific article explaining the ill effects on the body caused by exercising while wearing a mask.

<https://www.sciencedirect.com/science/article/pii/S0306987720317126#b0055>

A review article with a plethora of information and references explaining why mask wearing is ineffective.

<https://www.meehanmd.com/blog/2020-10-10-an-evidence-based-scientific-analysis-of-why-masks-are-ineffective-unnecessary-and-harmful/>

In particular, the information in the above links explains the HARM caused by wearing cloth masks. Even before CoVID happened, Orangetheory - Eastgate Square was the cleanest gym I had ever been in. It was part of their regular protocol to provide

members with multiple cleaning wipes during the class to wipe equipment clean before another person started using it. Since re-opening at the end of August, we have increased our already stellar cleaning protocols, and went above and beyond to ensure members were kept at a 6-ft distance from each other. Masks were only allowed to be taken off while exercising.

Since the announcement to enforce mask wearing while exercising, Orangetheory has provided members with complimentary cloth masks.

These masks are similar to what other sport companies such as Reebok, Under Armour, and Bauer are selling - a so called breathable, moisture wicking fabric. This morning was the first time I wore one of these masks for the entirety of my workout. I don't know if any of you have been to an Orangetheory gym, but their workouts are akin to high intensity interval training. Everyone wears a heart rate monitor and every workout consists of a block of time on a treadmill, a rowing machine and in a weight room. The classes are typically 60 minutes long, but they have been altered to 45 minutes since mask wearing became mandatory. During the workout you are encouraged to obtain a heart rate of 84% of your maximum or higher - it is in this "orange zone" that you are burning the most calories and continue to burn calories after you leave the gym. The number of minutes you are in this zone is tallied and your stats are displayed on a screen during the class. The coaches encourage members to challenge and push themselves to reach the orange zone. Anyone who has their heart rate in this zone is SWEATING. Because the use of fans in gyms is prohibited (due to CoVID), one sweats even more than they're used to. During my class this morning, in no time, my mask was soaked with sweat. I was touching my mask more than I do outside of the gym because I had to pull it away from my face frequently for fresh air, to drink water, and to wipe the sweat from my face. You will read in the information I attached, that wearing any mask while exercising is harmful for one's health; and wearing a wet cloth mask is MUCH worse. Almost everyone in my gym wears a cloth mask and I am sure by mid-class, everyone's cloth mask is wet with sweat.

I invite you to pop into Orangetheory - Eastgate Square and try a class while wearing a mask. Or, just come in to see how well the cleaning and social distancing guidelines are maintained.

Below I have listed some highlights from the articles in the links I provided. These bullet points are directly from the aforementioned links and are not my own thoughts.

Individuals exercising with a mask would have physiological effects similar to a Chronic Obstructive Pulmonary Disease (COPD) person exercising such as discomfort, fatigue, dizziness, headache, shortness of breath, muscular weakness and drowsiness.

Exercising with facemasks induces an acidic environment, and thus mobility of hypoxic natural killer cells to the target cells would be affected, aggravating the chances of infection during the pandemic. A further change in humidity and temperature in the upper airway causes immotile cilia syndrome predisposing individuals to lower respiratory tract infections by deep seeding of oropharyngeal flora

Cloth masks are absolutely ineffective. Worst yet, they may increase the incidence of disease in wearers and the population. Despite the high-level scientific evidence against cloth masks, the CDC made the inexcusable mistake of telling us cloth masks worked. They even provided directions on their website for making homemade cloth masks.

Wearing masks while exercising decreases oxygen levels in the blood and increases carbon dioxide levels the blood

Decades of the highest-level scientific evidence (meta-analyses of multiple randomized controlled trials) overwhelmingly conclude that medical masks are ineffective at preventing the transmission of respiratory viruses, including SAR-CoV-2.

Those arguing for masks are relying on low-level evidence (observational retrospective trials and mechanistic theories), none of which are powered to counter the evidence, arguments, and risks of mask mandates.

The majority of the population is at very low to almost no risk of severe or lethal disease from CoVID-19.

There are many points in the attached information that support the ineffectiveness of mask wearing so it is obvious to me that your decision to have people wear masks in fitness classes was NOT BASED ON SCIENCE. This is disappointing, especially considering a medical doctor was involved in making this decision.

I beg you, please rescind this decision. Just because someone CAN wear a mask while exercising doesn't mean it's good for their health. I can smoke cigarettes while I exercise but we all know that's not good for me.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

The results of this submission may be viewed at:

<https://www.hamilton.ca/node/286/submission/454861>

From: [Pilon, Janet](#)
To: [Kolar, Loren](#)
Cc: clerk@hamilton.ca; [Carson, Katie](#)
Subject: RE: Enforcement
Date: November 12, 2020 11:14:13 AM

For BOH

-----Original Message-----

From: clerk@hamilton.ca <clerk@hamilton.ca>
Sent: Thursday, November 12, 2020 8:40 AM
To: Pilon, Janet <Janet.Pilon@hamilton.ca>; Carson, Katie <Katie.Carson@hamilton.ca>
Subject: FW: Enforcement

Magda Green

Administrative Assistant II to the City Clerk City of Hamilton
905 546-2424 ext. 5485
magda.green@hamilton.ca

-----Original Message-----

From: Margarita De Antunano [REDACTED]
Sent: November 11, 2020 4:57 PM
To: clerk@hamilton.ca
Subject: Enforcement

Dear Clerk Office:

I was asked to forward this letter to you to discuss in your next meeting.

Dear Mayor Eisenberg:

The reason of my letter is to ask you to keep the economy of our city open, while we do it safely.

It has been confirmed by Canada top health officials that the proper use of masks prevents the spread of COVID19. Places that have enforced their proper use along with hygiene and social distancing have not reported any cases. However, the current mask wearing by~law is not enforceable and hence ineffective.

- 1 Invest in programs that will teach people how to properly use a mask.
- 2 Enforce proper mask wearing for everyone indoors NO EXEMPTIONS!!!

The “excempt” are the primary cause of spreading the virus. We need to think of the wellness of the group and not the individual in this case. A few might truly not be able to wear one, but most are simply people who can’t be bothered or do not believe in the virus or the effectiveness of wearing a mask.

Please ENFORCE compulsory mask wearing in all indoor establishments, so we can keep our economy alive safely. There are basic services in place for those who can’t wear a mask to be able to obtain essential by curb side pick up, home delivery etc.

I will happily volunteer my time and expertise to help your office implement this new clause. Feel free to contact me.

I hope you can act quickly.

Margarita De Antunano

From: AIDSHEPCPrograms (MOH)
To: [Richardson, Dr. Elizabeth](#); [Office of the Mayor](#); [Baird, Michelle](#); [Gee, Elaine](#); [Trevisani, David](#)
Cc: [AIDSHEPCPrograms \(MOH\)](#); [Hatzipantelis, Maria \(MOH\)](#); [Huang, Melanie \(MOH\)](#)
Subject: AIDS & Hepatitis C Programs - APPROVED 2020-21 Program Plan Schedules: City of Hamilton, Hamilton Public Health
Date: October 23, 2020 4:30:34 PM
Attachments: [image001.jpg](#)
[City of Hamilton Approved PP DIR Letter 2020-21.pdf](#)
[City of Hamilton APPROVED PP 2020-21.pdf](#)

Greetings:

Email Contains Important Information Related to the Ministry's Funding Agreement with Your Organization

Approved Program Plan 2020-21

Please find attached a letter from Kristin Taylor, Acting Director, Provincial Programs Branch, regarding the approval of Schedules A, B, C and D for fiscal year 2020-21.

We ask that you review the new Schedules carefully. If you have any questions, please contact:

AIDS Bureau Funding Program
Maria Hatzipantelis Senior Program Consultant T: 416-212-0214 E: Maria.Hatzipantelis@ontario.ca

These documents are official correspondence and should be retained for your records.

Sincerely,

Joanne

Joanne Lush | Manager, AIDS and Hepatitis C Programs, Provincial Programs Branch

New: 416-704-7380 | 1-800-268-6066 | joanne.lush@ontario.ca

PLEASE NOTE: The information contained in this e-mail message and any attachments is privileged and confidential, and is intended only for the use of the recipient(s) named above.

If you have received this e-mail in error, please notify me immediately and delete this e-mail and any attachments without copying, distributing or disclosing their contents.

AIDS BUREAU AND HEPATITIS C FUNDING PROGRAMS 2020-21 PROGRAM PLAN
SCHEDULE A1: KEY FUNDED ACTIVITIES

Community/ Organization Name:	City of Hamilton
--	------------------

1. AIDS Bureau Funding Program

Contact	Michelle Baird, Director Epidemiology, Wellness and Communicable Disease Control		
Email:	Michelle.Baird@hamilton.ca	Tel:	905-546-2424 ext. 3529

Goal 1: Improve the health and well-being of populations most affected by HIV				
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.				
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)
		H1	H2	
1. Choose an item.	N/A			<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker <input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Choose an item.	N/A			<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 3: Diagnose HIV infections early and engage people in timely care					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Targeted HIV testing	<p><u>Anonymous HIV Testing:</u></p> <p>Provide anonymous HIV testing (AT) including pre and post-test counselling at Hamilton Public Health Services (PHS) Sexual Health, Street Health clinic sites. Sexual health clinics are open to public and not specifically targeted to priority populations.</p> <p>Street health clinics and outreach are more targeted to homeless and injection drug using clients.</p>	125 persons tested by AT at clinic sites	125 persons tested by AT at clinic sites	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PHNs on sexual health team & on Harm Reduction teams (includes 0.5 FTE funded position)

Goal 3: Diagnose HIV infections early and engage people in timely care

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
	<p>Clients who request HIV testing will be offered anonymous and nominal options and allowed to choose.</p> <p>Rapid HIV testing will be routinely offered to clients self-identified to be high risk/priority populations at clinic sites.</p>				
2. Targeted HIV testing	<p><u>Anonymous HIV Testing:</u></p> <p>Promote and provide AT through outreach/satellite site testing to priority populations through collaboration with community partners/agencies including:</p> <p>The AIDS Network</p> <p>Womankind Addiction Services</p> <p>Men's bathhouses</p> <p>OAHAS</p> <p>Testing at other sites outside of regular clinic hours is dependent on staffing resources.</p>	<p>In addition to target above, testing targets for outreach testing:</p> <p>MSM: 50</p> <p>At risk women: 10</p> <p>IDU clients: 10</p> <p>Indigenous: 5</p> <p>African/ Caribbean/ Black: 5</p>	<p>In addition to target above, testing targets for outreach testing:</p> <p>MSM: 50</p> <p>At risk women: 10</p> <p>IDU clients: 10</p> <p>Indigenous: 5</p> <p>African/ Caribbean/ Black: 5</p>	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PHNs on Harm Reduction team (0.5 FTE funded position)

Goal 3: Diagnose HIV infections early and engage people in timely care

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
3. Targeted HIV testing	<p><u>Anonymous HIV Testing:</u></p> <p>Clients who test HIV positive through AT will be offered referral and encouraged to attend local HIV clinic.</p> <p>Referral to HIV care will be offered and arranged for all newly diagnosed and consenting clients with HIV. If referral refused, PHN will document reason i.e. wishes to remain anonymous. PHN will ensure client knows he/she can self refer to local HIV clinic.</p> <p>PHN will routinely follow up with clients refusing HIV clinic referral or not attending first HIV clinic visit in 3 months post diagnosis to offer referral again to HIV specialist.</p>	# referrals made & # referrals refused by client, reason for refusal	# referrals made & # referrals refused by client, reason for refusal	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PHNs on Harm Reduction team (0.5 FTE funded position)

Goal 4: Improve the health, longevity and quality of life for people living with HIV

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Choose an item.	N/A			<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 5: Ensure the quality, consistency and effectiveness of all provincially-funded HIV programs and services

Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.

Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
1. Other	Complete ministry reporting requirements As applicable, includes use of mandatory tracking tools (e.g., OCHART tracking tools, Ontario Harm Reduction Database - NEO)	OCHART Annual Reconciliation Report (ARR) Audited Financial Statement (AFS) / Auditor's Statement (AS)	OCHART Financial Projection Report (FPR) Program Plan & Budget	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) All funded staff
2. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in OAN skills program and training	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/ Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) Applicable staff

Goal 5: Ensure the quality, consistency and effectiveness of all provincially-funded HIV programs and services					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
3. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in HRON activities (meetings, teleconferences, webinars)	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input checked="" type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)
4. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in WHAI network activities (meetings and teleconferences)	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input checked="" type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)
5. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in GMSH network activities (meetings)	N/A	N/A	<input type="checkbox"/> ACB PPN Worker <input checked="" type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)
6. Relevant training activities (e.g., OAN, ACCHO, HRON, etc.)	If applicable, Participate in ACCHO network activities (meetings)	N/A	N/A	<input checked="" type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker	<input checked="" type="checkbox"/> Manager/Director <input checked="" type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)

Goal 5: Ensure the quality, consistency and effectiveness of all provincially-funded HIV programs and services					
Refer to Reference Guide, Appendix C (page 13) for definitions of the drop-down activity types.					
Activity Type (Choose from drop-down)	Activity Description	Targets		Staff Involved (Check all that apply)	
		H1	H2		
				<input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	
7. Evaluation/feedback	<u>Anonymous HIV Testing:</u> Manager to evaluate uptake of AT at fixed and outreach locations and develop plan to improve as needed.	Review uptake of AT during H1	Review uptake of AT during H2	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input type="checkbox"/> Other staff (please specify)
8. Evaluation/feedback	<u>Anonymous HIV Testing:</u> Manager & supervisor to meet with program staff regularly i.e. monthly or more often to provide supervision, review operational plan and progress in meeting activity goals;	6 meetings with teams who conduct AT testing	6 meetings with teams who conduct AT testing	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) PH Supervisor
9. Evaluation/feedback	<u>Anonymous HIV Testing:</u> Communicate/meet regularly with The AIDS Network staff assigned to priority populations to discuss and implement testing initiatives for priority populations.	# meetings/consultations held with AIDS network staff	# meetings/consultations held with AIDS network staff	<input type="checkbox"/> ACB PPN Worker <input type="checkbox"/> GMSH PPN Worker <input type="checkbox"/> WHAI PPN Worker <input type="checkbox"/> Education/Outreach/Community Development Worker <input type="checkbox"/> Harm Reduction Outreach Worker <input type="checkbox"/> Support Worker	<input checked="" type="checkbox"/> Manager/Director <input type="checkbox"/> Executive Director <input type="checkbox"/> Peers <input checked="" type="checkbox"/> Other staff (please specify) Harm Reduction PHNs, PH Supervisor

AIDS Bureau & Hepatitis C Funding Programs 2020-21

SCHEDULE B: APPROVED BUDGET SUMMARY

City of Hamilton	
Anonymous HIV Testing:	\$ 63,076
Total Funding for 2020-21	\$ 63,076

Attached to and forming part of the Agreement dated April 1, 2011
As amended by the addition of New Schedules effective on April 1, 2020

HIV Consolidated Approved Budget 2020-21

Category	Goal 1: Improve the health and well being of populations most affected by HIV.	Goal 2: Promote sexual health and prevent new HIV, STI and Hepatitis C infections.	Goal 3: Diagnose HIV infections early and engage people in timely care.	Goal 4: Improve the health, longevity and quality of life for people living with HIV.	Goal 5: Ensure the quality, consistency and effectiveness of all provincially funded HIV programs and services.	Total	
Salaries, Wages, FTE:	0	0	45,480	0	0	45,480	0.50
Benefits:	0	0	11,396	0	0	11,396	25.06%
Rent and Utilities:	0	0	0	0	0	0	
Supplies and Program Expenses:	0	0	5,950	0	0	5,950	
Protected Allocations:	0	0	250	0	0	250	
Other/Special Items:	0	0	0	0	0	0	
Total Consolidated Budget	\$0	\$0	\$63,076	\$0	\$0	\$63,076	

Approved Sch A1: Key Funded Activities, Sch B: Budget 2020-21, Sch C: Payment Plan, Sch D: Reports
AIDS Bureau & Hepatitis C Funding Programs, Provincial Programs Branch, Ministry of Health

AIDS Bureau & Hepatitis C Funding Programs 2020-21

Schedule C: Payment Plan

The Province shall provide the Funds in equal amounts on a semi-monthly basis

Payment dates are the 15th and the last day of the month. If the payment date falls on a holiday, the next business banking date will apply.

Payment for base funding in the current fiscal year is made in equal semi-monthly payments starting mid-April of the funding year.

Adjustments to the payment schedule may be made upon request. Ministry approval for this amendment may be provided by the Manager, AIDS and Hepatitis C Programs.

AIDS Bureau & Hepatitis C Funding Programs 2020-21

Schedule D: Reports

For Recipients That Receive More than \$25,000 in Base Funding

Name of Report	Reporting Period	Due Date
1A. Schedule A1: Key Funded Activities; and Schedule A2: Narrative	Proposed plan for the upcoming fiscal year. On an annual basis in each subsequent year.	February 15, or a date as directed by the Ministry
1B. Schedule B: Budget	Proposed budget for the upcoming fiscal year. On an annual basis in each subsequent year.	February 15, or a date as directed by the Ministry
2. Financial Projections Report in every Funding Year	As directed by the Ministry	October 15, or a date as directed by the Ministry
3. Annual Reconciliation Report in every Funding Year (Settlement Form)	For the entire Funding Year	June 30, or a date as directed by the Ministry
4. Audited Financial Statement in every Funding Year	For the entire Funding Year	June 30, or a date as directed by the Ministry
5. Semi-annual Activity Reports in every Funding Year. (Ontario Community HIV/AIDS Reporting Tool - OCHART)	<p>Program activity report submitted on two six-month periods; including a narrative summary report</p> <p>1. H1: covering the period from April 1 - September 30.</p> <p>2. H2: covering the period from October 1- March 31.</p>	<p>H1 is due October 31, or a date as directed by the Ministry</p> <p>H2 is due April 30, or a date as directed by the Ministry</p>

Report Details:

1. Schedules A1, A2, and 1B: Program Plan and Budget

The Recipient shall prepare and submit schedules A1: Key Funded Activities, A2: Narrative and Schedule B: Budget reports as directed by the Province.

The Recipient shall:

- (a) provide a report on the proposed funded activities, and corresponding budget to complete the Program, including details requested by the Province;
- (b) shall ensure that the program report is signed on behalf of the Recipient by such number of signing officers as the Province may require.

2. Financial Projections Reports

The Recipient shall submit the financial projections reports using a reporting system and containing the details as directed by the Province.

3. Annual Reconciliation Report (ARR)

The Recipient shall:

- (a) prepare the annual reconciliation report using a reporting system as directed by the Province;
- (b) include details as directed by the Province;
- (c) shall ensure that the annual reconciliation report is signed on behalf of the Recipient by an authorized signing officer; and
- (d) provide the annual reconciliation report to the Province as set out in the agreement at the address outlined in the instructions.

4. Audited Financial Statements

The Recipient shall prepare the audited financial statement in accordance with Canadian generally accepted accounting principles and attested to by a licensed public accountant.

5. Semi-Annual Activity Report: Ontario Community HIV/AIDS Reporting Tool (OCHART)

The Recipient shall:

- (a) provide a report on program activity data and a summary narrative report about whether and how the Recipient completed the Program, including details requested by the Province; and
- (b) shall ensure that the report is approved on behalf of the Recipient by such number of signing officers as the Province may require.

Ministry of Health

Ministère de la Santé

Hospitals and Capital Division
Provincial Programs Branch

Division des hôpitaux et des immobilisations
Direction des programmes provinciaux

56 Wellesley Street West, 9th Floor
Toronto ON M5S 2S3
Telephone: 416-314-1185

56, rue Wellesley Ouest, 9^e étage
Toronto ON M5S 2S3
Téléphone: 416-314-1185

174-2020-245

October 23, 2020

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton
Hamilton Public Health
110 King Street West, 4th Floor
Hamilton ON L8P 4S6

Dear Dr. Richardson:

Re: Ministry of Health (the “ministry”) Agreement with City of Hamilton effective the 1st of April, 2011 (the “Agreement”) for the AIDS and Hepatitis C Programs

Pursuant to section 4.2 of the Agreement, please find enclosed a new Program Description, Budget, Payment Plan, and Reporting Schedule, which shall replace the Program Description in Schedule “A1”, Budget in Schedule “B”, Payment Plan in Schedule “C”, and Reports in Schedule “D”, for the period of time to which they relate. All terms and conditions in the Agreement remain in full force and effect.

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 critical that you continue to manage costs within your approved budget as the government remains committed to eliminating the deficit.

.../2

Dr. Elizabeth Richardson

Please review the new Program Description and Budget carefully. Should you require further information or clarification, please contact:

AIDS Bureau Funding Program	Hepatitis C Funding Program
Maria Hatzipantelis Senior Program Consultant P: 416-212-0214 E: Maria.Hatzipantelis@ontario.ca	Valérie Pierre-Pierre Senior Policy Analyst P: 416-212-5473 E: Valerie.Pierre-Pierre@ontario.ca

Sincerely,



Kristin Taylor
Acting Director
Provincial Programs Branch

Attachments: 2020-21 Approved Program Plan

c: Mayor Fred Eisenberger, Mayor of Hamilton, City of Hamilton
Mr. Mike Heenan, Assistant Deputy Minister, Hospitals and Capital Division, MOH
Mr. Jim Yuill, Director, Financial Management Branch, MOH
Mr. Jeffrey Graham, Acting Director, Fiscal Oversight and Performance Branch,
MOH
Ms. Joanne Lush, Manager, AIDS and Hepatitis Programs, Provincial Programs
Branch, MOH

Request to Speak to Committee of Council

Submitted on Monday, October 26, 2020 - 5:42 pm

==Committee Requested==

Committee: Board of Health

==Requestor Information==

Name of Individual: Anja Dragicevic

Name of Organization:

Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address:

[REDACTED]
[REDACTED]
[REDACTED]

Reason(s) for delegation request: Mandatory masking during physical fitness activity.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? No



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 16, 2020
SUBJECT/REPORT NO:	2020 Board of Health Self-Evaluation (BOH20021) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Carolyn Hureau (905) 546-2424 Ext. 6004
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

Since 2014, the Board of Health has engaged in a self-evaluation process every other year to promote and foster a culture of continuous improvement. The last Board of Health self-evaluation was conducted in 2018 (BOH18011(a)), therefore the Board of Health is due to complete a self-evaluation in 2020.

Regular self-evaluation is a best practice in good governance and is in keeping with the five areas of focus outlined in the City of Hamilton's Our People and Performance Plan:

1. Effective leadership;
2. Healthy, respectful, and supportive workplace;
3. Continuous learning;
4. Performance excellence and accountability; and,
5. Enabling communications.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

Results from the self-evaluations are used to identify opportunities for improvement and to develop actions plans. For instance, the following opportunities for improvement were identified through the 2018 Board of Health self-evaluation process (BOH18011(a)):

- Greater understanding of Board of Health member roles and responsibilities;
- Increased familiarity with planning documents; and,
- Improved access to continuing education for Board of Health members.

To address these opportunities, many quality improvement initiatives were implemented to further support Board of Health good governance practices, including:

- Appointment of a Board of Health Vice-Chair in May 2019 to allow for consistency in understanding and leadership of public health issues in the absence of the Chair of the Board of Health (Mayor);
- An experiential learning approach to Board of Health orientation for board members;
- Regular reporting on planning documents (Annual Service Plan & Budget, Corporate Plan); and,
- Continued use of Board of Health reports to highlight and clarify legislated roles and responsibilities of board members.

In addition to being a valuable continuous improvement tool and a best practice in good governance, self-evaluation is also an organizational requirement under the Ontario Public Health Standards. All boards of health are required to complete a self-evaluation at least every other year. In completing the self-evaluation, Board of Health members are asked to reflect on:

- Board of Health roles and responsibilities;
- Information sharing and decision making;
- Internal and external relations of the Board of Health;
- Planning; and,
- Board of Health strengths, challenges, priorities and opportunities for improvement.

This year, the self-evaluation will be conducted using an online survey. A link to the survey (Appendix “A” to Report BOH20021) will be distributed to Board of Health members via email following the Board of Health meeting on November 16, 2020. Board of Health members will have one week to complete the survey; all responses are requested by November 23, 2020.

Responses from the self-evaluation survey will be summarized with action plans for improvement informed through consultation with the Chair (Mayor) and Vice-Chair of the Board of Health, the public health governance leads and the Chair of the Governance Sub-Committee. Results of the self-evaluation and proposed areas for improvement will be brought back to the Board of Health in January 2021.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

APPENDICES AND SCHEDULES ATTACHED

Appendix "A" to Report BOH20021: 2020 Board of Health Self-Evaluation Survey

2020 Board of Health Self-Evaluation Survey

Please select the statement which best applies to you:

- I am currently serving my first term on the Board of Health
- I have served more than one term on the Board of Health

SECTION I: Roles and Responsibilities

1. Please indicate how strongly you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I have a clear understanding of my roles and responsibilities as a Board of Health member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel confident in my ability to distinguish between my roles and responsibilities as an elected official under the Municipal Act and as a Board of Health member under the Health Protection and Promotion Act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The Board of Health has the appropriate committee structure to exercise its responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) The Board of Health stays up to date with major developments in governance and public health best practices including new practices among peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) The Board of Health is adequately prepared to oversee an emergency situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) The Board of Health has an adequate process for handling urgent matters between meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION II: Information Sharing and Decision Making

1. Please indicate how strongly you agree or disagree with the following statements.

As a Board of Health member:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I find the information Public Health Services staff provide through presentations, reports and updates useful for informed decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I understand the role that data has in making informed decisions on public health program and service delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I receive adequate data and information to make informed decisions on public health program and service delivery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I receive adequate information to approve the Public Health Services budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I believe that any material notice of wrongdoing or irregularities is responded to in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION II Continued

2. Please indicate how strongly you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
As a Board of Health member, I am satisfied with the continuing education I receive in order to fulfill my full responsibilities and keep abreast of relevant trends / emerging public health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list specific topics or areas in which you would like more information or training to help you in your Board of Health role.

(e.g., population health data, funding structure, roles and responsibilities, etc.)

SECTION III: Board of Health Relations

1. Please indicate how strongly you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) A climate of mutual trust and respect exists between the Board of Health and the Medical Officer of Health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) There is sufficient time allocated for the full discussion of issues at Board of Health meetings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) As a Board of Health member, I feel comfortable raising an issue that might be unpopular or controversial.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION IV: Planning

1. Please indicate how strongly you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The Board of Health is contributing to the development of healthy public policy relevant to the Ontario Public Health Standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The Board of Health and Public Health Services have a clear strategic plan for programs and services that address the next three to five years.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) As a Board of Health member, I am familiar with Annual Service Plan & Budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) The Board of Health considers organizational capacity including skills, finances and staffing when reviewing the Annual Service Plan & Budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION V: Continuous Improvement

1. What do you feel is the number one strength of the Board of Health as a committee?

2. What is the most important thing that you could recommend for discussion or action in order to improve the Board of Health's performance?

3. Please share any additional comments, questions or concerns.

Thank you for taking the time to complete this survey.



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	November 16, 2020
SUBJECT/REPORT NO:	Radon Prevalence in Hamilton (BOH20022) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bart Harvey (905) 546-2424 Ext. 3571 Sally Radisic (905) 546-2424 Ext. 5549
SUBMITTED BY:	Kevin McDonald Director, Healthy Environments Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

Purpose

The purpose of this report is to inform the Board of Health (BOH) of the results of Hamilton Public Health Services' 2019/2020 Household Radon Survey, which was completed to estimate the percentage of Hamilton homes with high radon levels.

Summary

From 2009-2011, Health Canada surveyed households across the country to assess radon levels in residential dwellings. In Hamilton, 100 homes were included in that survey with 5% found to have a radon level above Health Canada's radon guideline of 200 Bq/m³¹. The Ontario Public Health Standards (2018), indicate that:

¹ Health Canada. Cross-Canada survey of radon concentrations in homes; Final report. [Internet]. 2012 [cited 2019 June]. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-sem/alt_formats/pdf/radiation/radon/survey-sondage-eng.pdf

“The Board of Health shall, as part of its strategy to reduce exposure to health hazards and promote healthy natural and built environments, effectively communicate with the public by addressing...based on an assessment of local needs, exposure to...radon.”²

In the Fall of 2019, Hamilton Public Health Services initiated its annual Radon Awareness Promotional Campaign to:

1. Support radon public education and awareness; and,
2. Encourage radon testing of homes.

This campaign was also used to inform and recruit participants for the Hamilton Public Health Services’ 2019/2020 Household Radon Survey, which was being completed to obtain a more precise estimate of the percentage of Hamilton homes with radon levels greater than Health Canada’s radon guideline.

Findings from the Survey found 14.3% (42/294) of participating homes had radon levels exceeding Health Canada’s current radon guideline of 200 Bq/m³. This percentage is three times greater than the Ontario provincial percentage of 4.6% reported by Health Canada in its 2012 Cross-Canada Survey of Radon Concentrations in Homes Final Report¹ and indicates the need for radon intervention, such as “outreach and education efforts, and to encourage testing and remediation where necessary”.¹

In Hamilton, these interventions will include continuation of the annual Radon Awareness Program, increased promotion to Hamilton homeowners to test the radon level in their home if they have not yet done so, and Hamilton’s Chief Building Officer requiring that all new homes include an approved radon mitigation system listed in the Ontario Building Code for communities found to have an elevated percentage of homes exceeding Health Canada’s radon guideline.

Further Information

Radon is a colourless, odourless gas produced by the decay of natural uranium in rocks and soils throughout the earth’s crust.³ As radon breaks down, it forms radioactive particles that can get lodged into lung tissue during the normal breath cycle.³ The radon particles then release energy that can damage lung cells. When these cells are damaged, they have the potential to become cancerous.³ Outdoors, radon is quickly diluted and is of no further concern, but in confined spaces, such as residential homes,

² Ministry of Health and Long-Term Care. Ontario Public Health Standards: Requirements for Programs, Services, and Accountability. [Internet]. 2018 [cited 2018 Aug 14]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2018_en.pdf

³ Health Canada. Radon reduction guide for Canadians. [Internet]. 2014 [cited 2019 June]. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/pdf/pubs/radiation/radon_canadians-canadiens/radon_canadians-canadien-eng.pdf

radon can accumulate to harmful levels.⁴ Radon is considered to be the second leading cause of lung cancer behind exposure to tobacco smoke and a main cause of lung cancer among those who have never smoked.³ A person with long-term exposure to high levels of radon has a 1 in 20 lung cancer risk, while a smoker who is also exposed to long term high levels of radon is estimated to have a 1 in 3 risk of developing lung cancer.⁵ Radon is linked to approximately 16% of all lung cancer deaths in Canada.⁶ There is no known safe level of radon exposure and the interior of all homes are exposed to some level of radon.⁶ Cancer risk is directly related to radon concentration and length of exposure.⁷

Radon gas is drawn into buildings when the air pressure inside the house is lower than in the ground beneath.⁸ Drains, cracks in the foundation, gaps around pipes and other openings provide points of entry.⁸ Energy efficient methods that make a building more air tight (e.g. sealing around windows and doors) reduces passive ventilation and can lead to higher indoor radon concentrations unless complementary radon-reduction strategies are in place.⁹

Health Canada's current guideline for acceptable exposure to radon is 200 Bq/m³, whereas the World Health Organization's (WHO) recommended level is 100 Bq/m³.⁴ Health Canada and the Federal Provincial Territorial Radiation Protection Committee reviewed and discussed the WHO's recommendation and decided not to lower the Canadian guideline as it still falls within the International Commission on Radiation

⁴ Chen J. Canadian lung cancer relative risk from radon exposure for short periods in childhood compared to a lifetime. *Int J Environ Res Public Health* [Internet]. 2013 [cited 2019 June]; 10(5): 1916-1926. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709356/>

⁵ Health Canada. Radon - Another Reason to Quit. [Internet]. 2014 [cited 2019 June]. Available from: https://www.canada.ca/content/dam/hc-sc/documents/services/health/publications/radon/27-P_1107-Another-Reason-to-Quit-Jan2018-EN-FINAL.pdf

⁶ Zeeb H, Shannoun F, World Health Organization. WHO Handbook on indoor radon: A public health perspective. World Health Organization. [Internet]. 2009 [cited 2019 June]. Available from: http://apps.who.int/iris/bitstream/handle/10665/44149/9789241547673_eng.pdf?sequence=1

⁷ Cancer Care Ontario. Ontario cancer facts: Risk of residential radon exposure varies geographically. [Internet]. 2017 [cited 2018 June]. Available from: <https://www.cancercareontario.ca/en/cancer-facts/risk-residential-radon-exposure-varies-geographically>

⁸ Gue L. Revisiting Canada's radon guideline. David Suzuki Foundation. [Internet]. 2015 [cited 2019 June]. Available from: <https://davidssuzuki.org/wp-content/uploads/2017/09/revisiting-canada-radon-guideline.pdf>

⁹ Health Canada. Radon: Reduction Guide for Canadians. [Internet]. 2014 [cited 2019 June]. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/pdf/pubs/radiation/radon_canadians-canadiens/radon_canadians-canadien-eng.pdf

Protection's recommended range of 100-300 Bq/m³.¹⁰ According to the Canadian Radon Guideline, if radon concentrations in a building are higher than 200 Bq/m³, Health Canada recommends taking remedial action to reduce the levels of radon. If exposure is in the range of 200-600 Bq/m³ mitigation within two years is advised, and if exposure is above 600 Bq/m³, mitigation should occur within one year.¹¹

The only way to determine if a home has high radon levels is to test. Testing is safe and simple. Long-term tests recommended by Health Canada¹ involve placing a radon detector in the lowest occupied floor of a building for a minimum of three months. These detectors use a small piece of special plastic enclosed in a container. When the radon in the air enters the chamber, the alpha particles produced by decay leave marks on the plastic. At the end of the test the detector is sent to the laboratory for analysis, and the average radon concentration is calculated.¹¹ If radon levels are high, there are several effective methods to reduce radon levels in the home. With the help of a Canadian National Radon Proficiency Program certified professional, elevated radon can be reduced to a level as low as reasonably possible at a cost to the homeowner.³

Additionally, in the Ontario Building Code¹², Section 9.13.4.1., under Required Soil Gas Control the following measures are outlined:

“Where methane or radon gases are known to be a problem, construction shall comply with the requirements for soil gas control in Ministry of Municipal Affairs and Housing (MMAH) Supplementary Standard SB-9, "Requirements for soil Gas Control".”

Furthermore, the Ontario Building Code, Section 9.13.4.2. outlines the following measures:

- a) Where soil gas control is required, it shall consist of one of the following at floors in contact with the ground;
- b) A soil gas barrier installed according to MMAH Supplementary Standard SB-9, "Requirements for Soil Gas Control"; or,
- c) for houses, a subfloor depressurization system installed according to MMAH Supplementary Standard SB-9, "Requirements for Soil Gas Control".

¹⁰ Health Canada. Radon: Frequently asked questions. [Internet]. 2009 [cited 2019 June]. Available from: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/radiation/radon/government-canada-radon-guideline.html>

¹¹ Health Canada. Radon: Reduction Guide for Canadians. [Internet]. 2014 [cited 2019 June]. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/pdf/pubs/radiation/radon_canadians-canadiens/radon_canadians-canadien-eng.pdf

¹² O. Reg. 332/12: Building Code. Available from: <http://www.buildingcode.online/1585.html>

Survey Methods

Hamilton's 2019/2020 Household Radon Survey consisted of the following two components:

1. A survey on home characteristics (e.g., construction year, build type, foundation type, and floor and room of deployment of the radon detector) to examine how any of these might be associated with radon levels; and,
2. Testing for radon levels in volunteer households in Hamilton.

Survey Participants

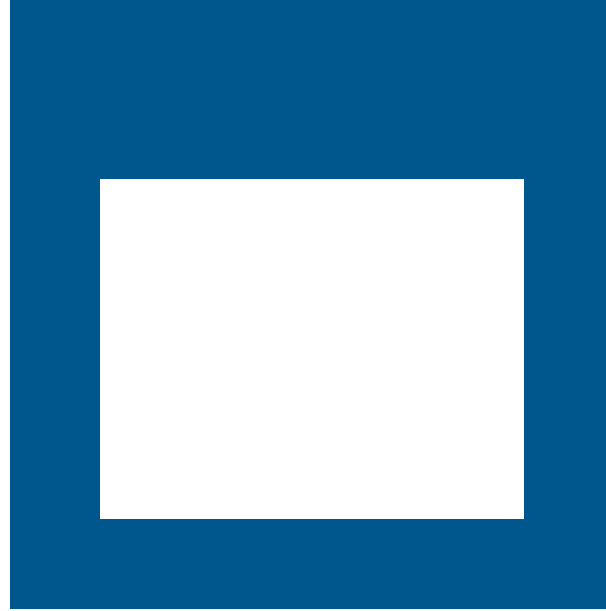
Participants in the survey were required to:

- Be 18 years of age or older;
- Read and follow instructions in English;
- Have their primary residence in the city of Hamilton;
- Be the homeowner of their primary residence;
- Have a ground floor or basement in their primary residence;
- Not have tenants living in their primary residence;
- Not use their primary residence as a home business in which customers; clients, colleagues or employees spend four or more hours per day in their home (this includes children in a home day-care);
- Not be planning to renovate or sell their home in the next 6 months; and,
- Have not already tested or are currently testing their primary residence for radon.

Participants in the survey were limited to one per household and must have had a reasonable expectation that the detector would be placed in the lowest lived-in room where four or more hours are spent per day and that the detector would remain in place for 91 days.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.



RADON PREVALENCE IN HAMILTON

Board of Health

November 16, 2020

- Purpose and Background.
- What is Radon?
- Why is Radon a public health concern?
- Hamilton's Household Radon Survey, 2019-2020
 - Methods
 - Finding
- Next Steps.

Purpose and Background

- From 2009-2011, Health Canada conducted a household radon survey to estimate the frequency of and geographic areas with elevated radon levels in Canadian homes.
- 5 of the 100 Hamilton homes included were found to have radon levels above Health Canada's guideline of 200 Bq/m³.
- In 2019-2020, a household radon survey was conducted in Hamilton to obtain an updated and more precise estimate.

- Radon is a colourless, odourless gas
- Produced by decay of natural uranium in the ground
- Quickly diluted outdoors, but can accumulate to harmful levels indoors
- Radioactive particles can be inhaled and damage cells that can become cancerous
- 2nd leading cause (after tobacco) of lung cancer—so main cause among non-smokers

- Radon estimated to be the cause of 16% of lung cancer deaths in Canada
- While there is no safe level of radon, Health Canada's current guideline for "increased risk" is $> 200 \text{ Bq/m}^3$
 - remedial action to reduce the levels of radon is recommended to be completed within 2 years
 - and within 1 year for those with levels $> 600 \text{ Bq/m}^3$

...and radon levels can only be determined by testing!

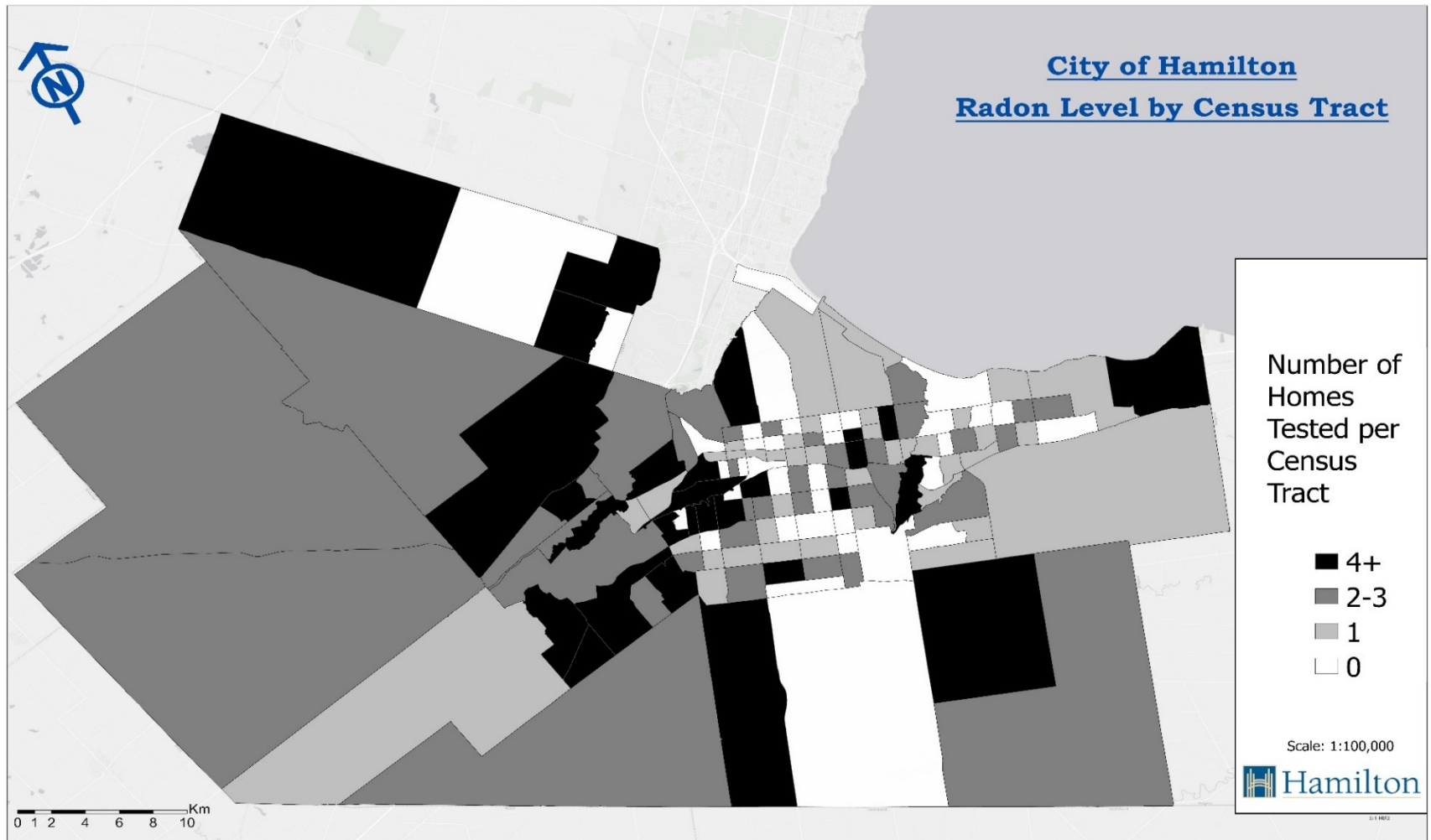
- In Fall 2019, Hamilton Public Health Services initiated its annual Radon Awareness Promotional Campaign to:
 - 1) Increase public education and awareness about radon; and,
 - 2) Encourage radon testing of homes.
- The campaign also informed and recruited participants for the 2019-2020 Household Radon Survey.



Survey Eligibility:

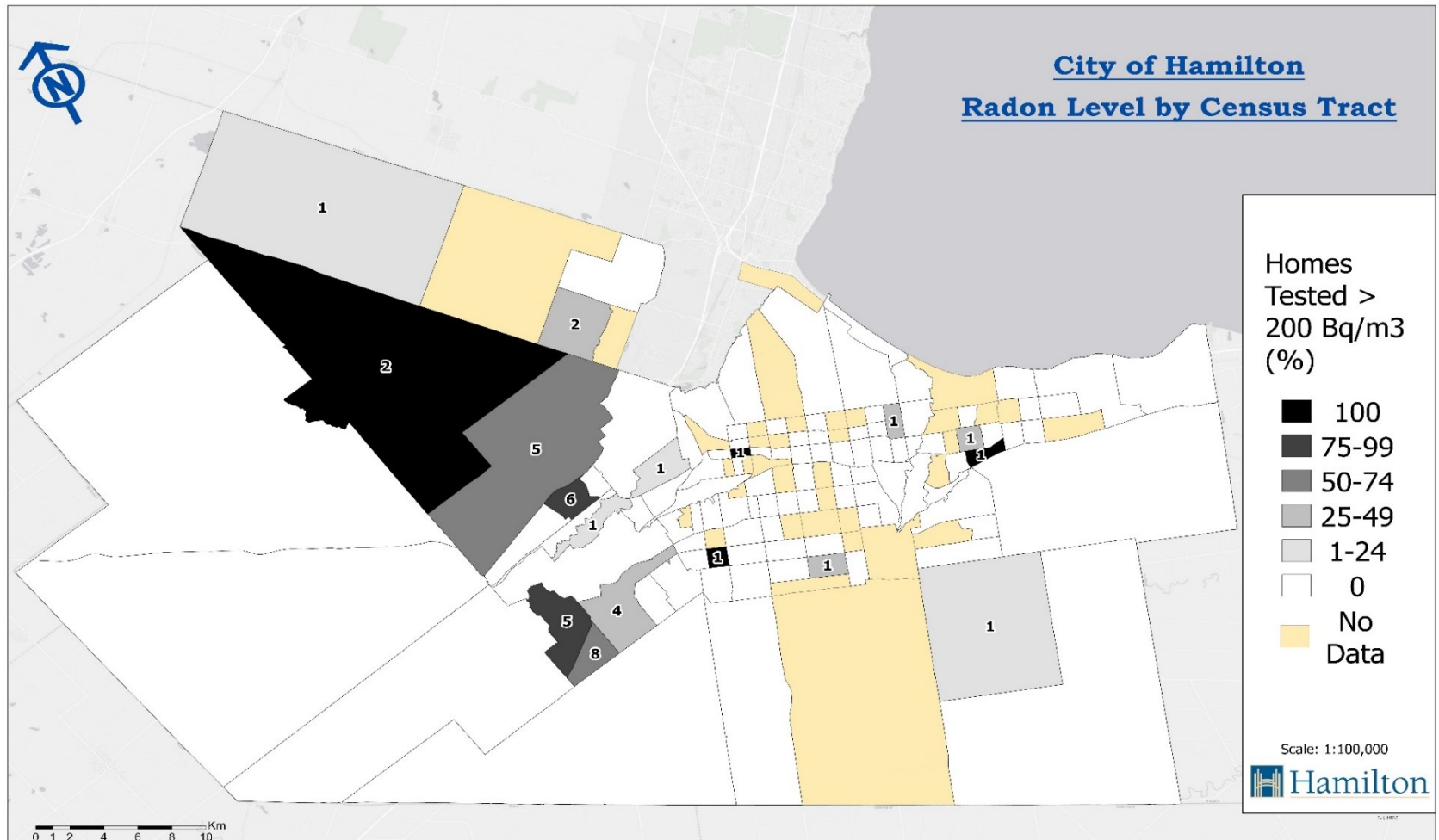
- 18+ years who communicate in English;
- owner of primary residence in Hamilton;
- residence has ground floor or basement;
- no tenants living in the residence;
- no business in the residence with non-family members spending 4+ hours;
- no plans to sell/renovate home in next 6 months;
- residence not already tested for radon;
- limited to one radon detector per household;
- committed to placing detector in lowest lived-in room;
and,
- committed to keep it in place for the required 91 days.

294 participating homes, mapped by census tract



42 (14.3%) of the 294 participating homes were found to have radon levels greater than Health Canada's guideline of 200 Bq/m³.

Percent of homes with radon > 200 Bq/M3 by CT

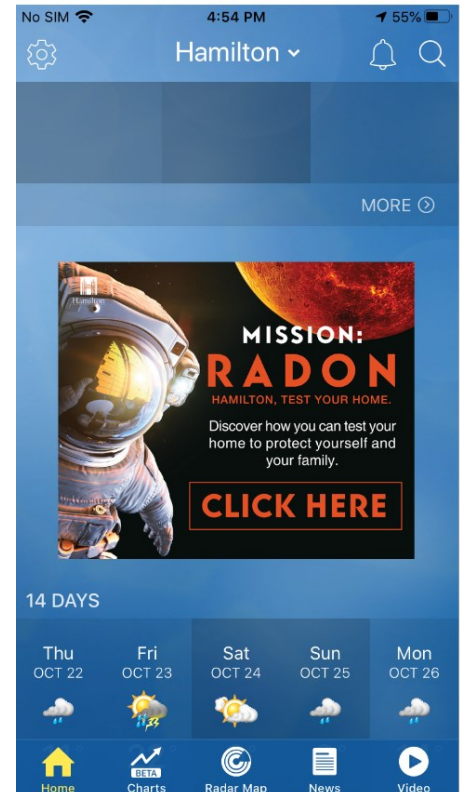
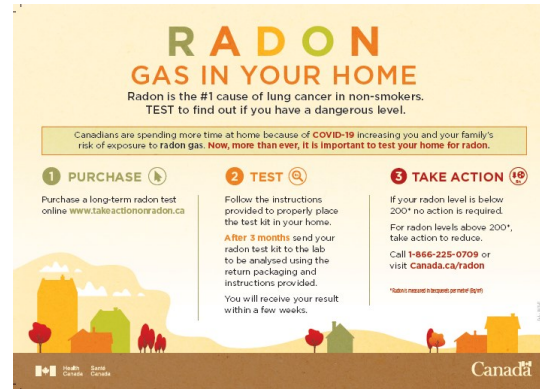


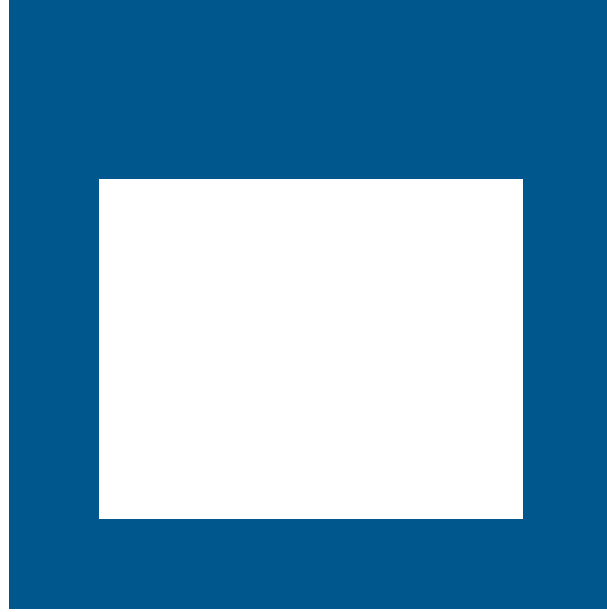
Interpretation

- The results of the survey are consistent with any area of Hamilton having at least 18% of homes with radon levels greater than 200 Bq/m³.
- The findings indicate the need for radon intervention, such as outreach and education efforts, and to encourage testing of homes and remediation, where necessary.

Next Steps

- In Hamilton, interventions will include the continuation of annual Radon Awareness efforts, and increased promotion to Hamilton homeowners to test for radon in their home if they have not already done so.
- Radon Promotion in 2020/2021 includes:
 - Transit shelters
 - Weather Network
 - Newspaper
 - Social media
 - Post Card
- Hamilton's Chief Building Officer.





THANK YOU








Public Health Services COVID-19 Situation Report and Status of Programs

Presentation to the Board of Health
November 16, 2020

Overview

1. Provincial Response Framework
2. COVID-19 Situation Report
 - Case Activity
 - Outbreak Activity
3. Public Health Measures in Control Level
4. COVID Vaccination Update
5. Prioritization of COVID-19 Work

Provincial Response Framework Indicators

 PREVENT (Standard Measures)	 PROTECT (Strengthened Measures)	 RESTRICT (Intermediate Measures)	 CONTROL (Stringent Measures)	 LOCKDOWN (Maximum Measures)
<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate is < 10 per 100,000 % positivity is < 0.5 Rt < 1 Outbreak trends/ observations Level of community transmission/non-epi linked cases stable <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity adequate <p>PH System Capacity</p> <ul style="list-style-type: none"> Case and contact follow up within 24 hours adequate 	<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate is 10 to 24.9 per 100,000 % positivity is 0.5-1.2% Rt is approximately 1 Repeated outbreaks in multiple sectors/settings OR increasing/# of large outbreaks Level of community transmission/non-epi linked cases stable or increasing <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity adequate <p>PH System Capacity</p> <ul style="list-style-type: none"> Case and contact follow up within 24 hours adequate 	<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate is 25 to 39.9 per 100,000 % positivity is 1.3-2.4% Rt is approximately 1 to 1.1 Repeated outbreaks in multiple sectors/settings, increasing/# of large outbreaks Level of community transmission/non-epi linked cases stable or increasing <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity adequate or occupancy increasing <p>PH System Capacity</p> <ul style="list-style-type: none"> Case and contact follow up within 24 hours adequate or at risk of becoming overwhelmed 	<p>Epidemiology</p> <ul style="list-style-type: none"> Weekly incidence rate \geq 40 per 100,000 % positivity \geq 2.5% Rt is \geq 1.2 Repeated outbreaks in multiple sectors/settings, increasing/# of large outbreaks Level of community transmission/non-epi linked cases increasing <p>Health System Capacity</p> <ul style="list-style-type: none"> Hospital and ICU capacity at risk of being overwhelmed <p>PH System Capacity</p> <ul style="list-style-type: none"> Public health unit capacity for case and contact management at risk or overwhelmed 	<p>Trends continue to worsen after measures from Control level are implemented.</p>

Provincial Response Framework Indicators

Epidemiology

	Previous (30 Oct)	Previous (6 Nov)	CURRENT (13 Nov)	Trend
Weekly incident rate/100,000	22.5	35.5	52.0	↑
% positivity	1.5	2.0	3.0	↑
Effective reproductive number (R_t)	0.97	1.23	1.25	↑
% of community-acquired cases	29.4%	29.7%	28.1%	↓
Increasing number of outbreaks among LTCH and workplaces since Oct 1, 2020. Total of 19 active outbreaks; 4 outbreaks > 10 cases.				

Public Health System Capacity

	Previous (30 Oct)	Previous (6 Nov)	CURRENT (8 Nov)	Trend
% newly reported cases reached within 1 day of reported date	100%	94%	88%	↓
% newly identified close contacts reached within 1 day of contact ID date	66%	50%	27%	↓

Provincial Response Framework Indicators

Health System Capacity

	Hospital	Previous (27 Oct)	Previous (2 Nov)	CURRENT (9 Nov)
Overall funded hospital occupancy (admissions/funded beds)	SJHH	96%	97%	96%
	HHS	99%	99%	98%
Overall adult critical care capacity (adult ICU admissions/funded ICU beds)	SJHH	78%	70%	70%
	HHS	92%	94%	86%

COVID-19 Situation Report

1. Case Activity

- Phases of activity
- Map
- Age distribution
- Trend of reported cases

2. Outbreak Activity

- Facility breakdown
- Declared outbreaks

1. Case Activity

Phases of COVID-19 in Hamilton

Wave 1

Phase 1: Pre-Peak Mar

- Travel acquisition
- US (+ North America), Europe most common destinations
- First case reported, first outbreak commenced
- First source undetermined (“community-acquired”) case reported 22 Mar
- 111 cases reported to Hamilton Public Health
- 2 deaths
- 14 hospitalized
- 609 tests completed at Hamilton Assessment Centres

Phase 2: Peak Apr – May

- Outbreak and contact acquisition
- 32 outbreaks commenced
- Resulted in spikes in cases 70+ years
- Increase in young cases (20-29) late May
- 568 cases reported to Hamilton Public Health
- 36 deaths
- 121 hospitalized
- 9,060 tests completed at Hamilton Assessment Centres

Phase 3: Post-Peak Jun – Jul

- Community and contact acquisition
- One outbreak commenced
- Provincial re-opening activities
- Household spread an issue, increase in socialization
- 211 cases reported to Hamilton Public Health
- 7 deaths
- 8 hospitalized
- 29,146 tests completed at Hamilton Assessment Centres

Phases of COVID-19 in Hamilton

Wave 2

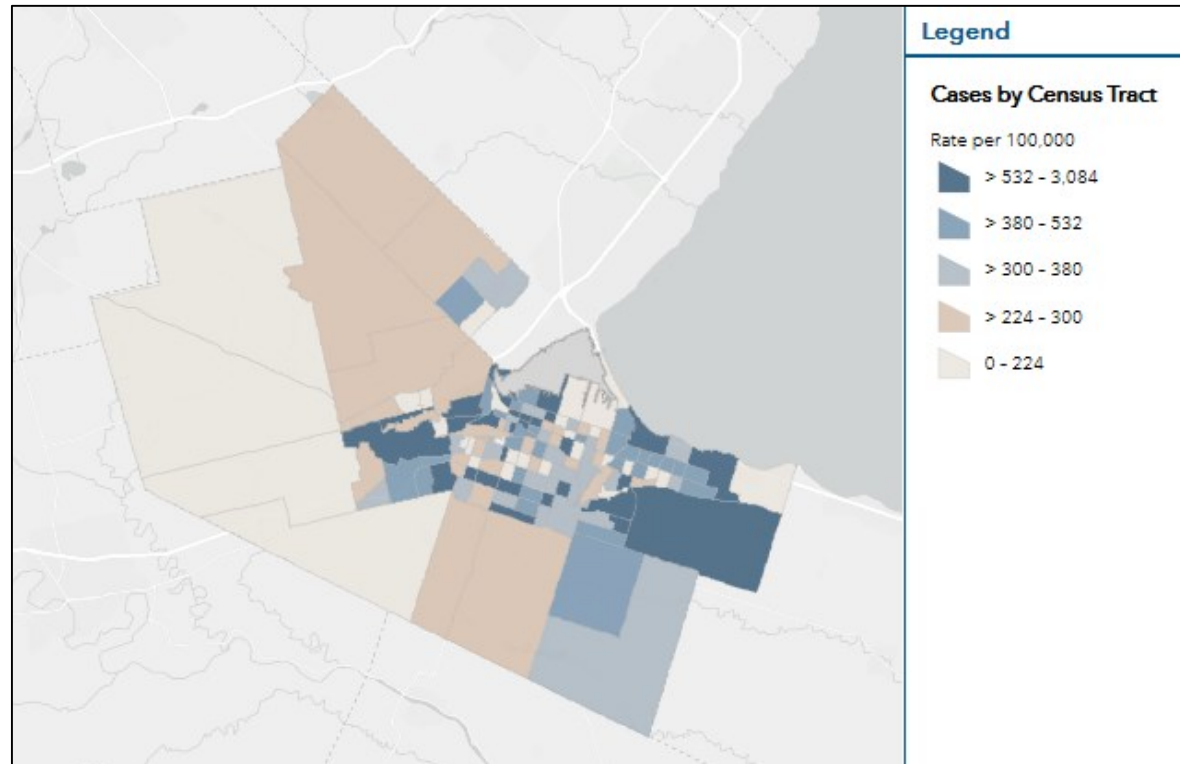
Phase 4: Pre-Peak Aug – Sept

- Community and contact acquisition
- Two outbreaks commenced
- Ongoing household spread, socialization and community exposures contributed to activity
- First cases in local schools
- 274 cases reported to Hamilton Public Health
- 1 death
- 11 hospitalized
- 40,536 tests completed at Hamilton Assessment Centres

Phase 5: Peak Oct – 13 Nov

- Outbreak and contact acquisition
- Cases with no known source continue to occur
- 46 outbreaks commenced - Including some notably large outbreaks, such as SPINCO and Chartwell Willowgrove
- 1,177 cases reported to Hamilton Public Health
- 14 deaths
- 31 hospitalized
- 37,272 tests completed at Hamilton Assessment Centres

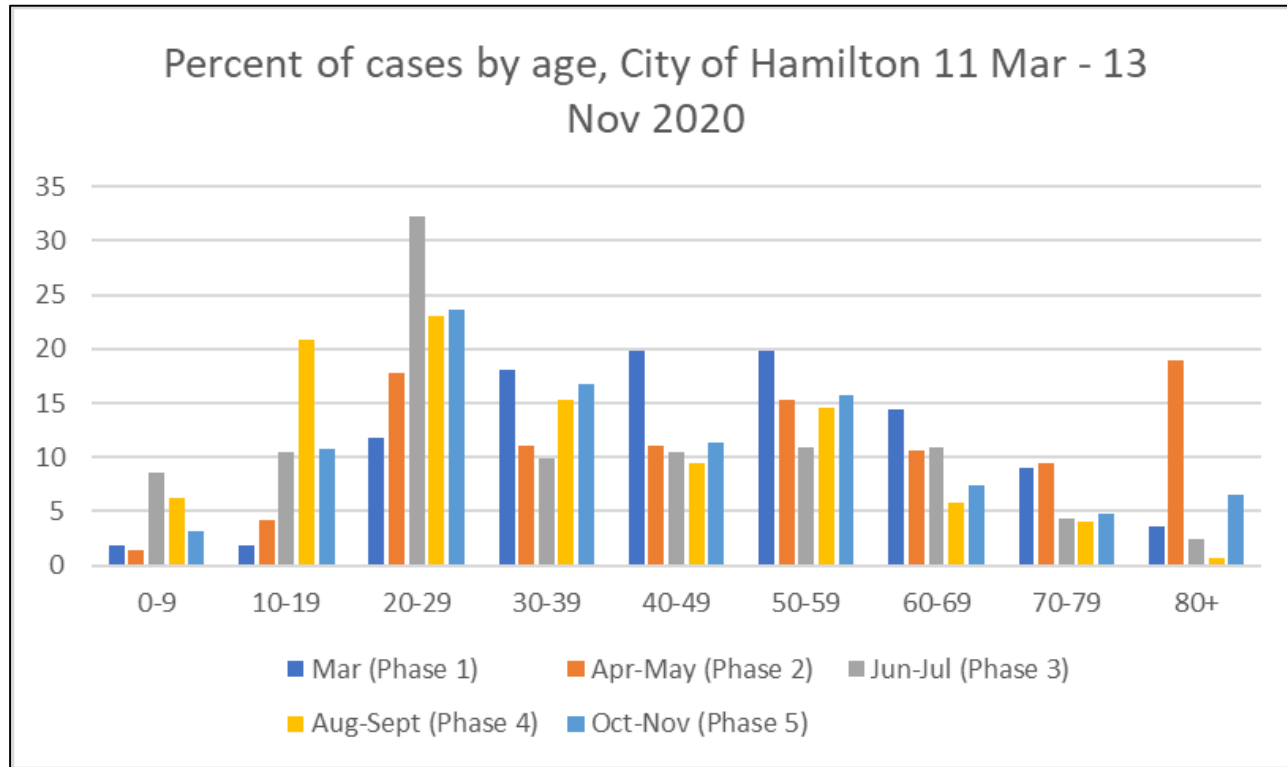
Map – Incidence rate by census tract



Key Messages

- Variation amongst census tracts, rates higher in east end
- Outbreaks in long-term care and retirement homes skew rates

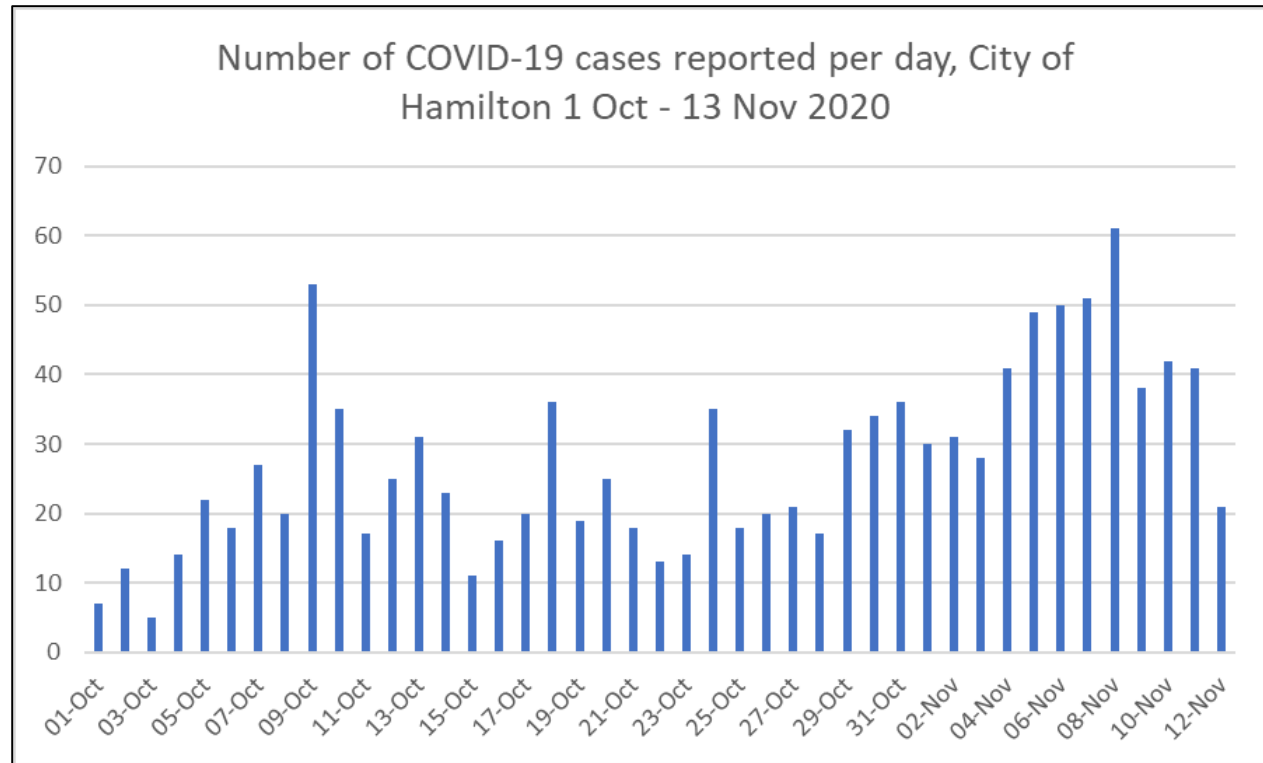
Age distribution



Key Messages

- In Phase 5, the highest percentage of cases occurred in the 20-29 year age group
- There has been a recent rise in the 80+ year age group

Reported cases

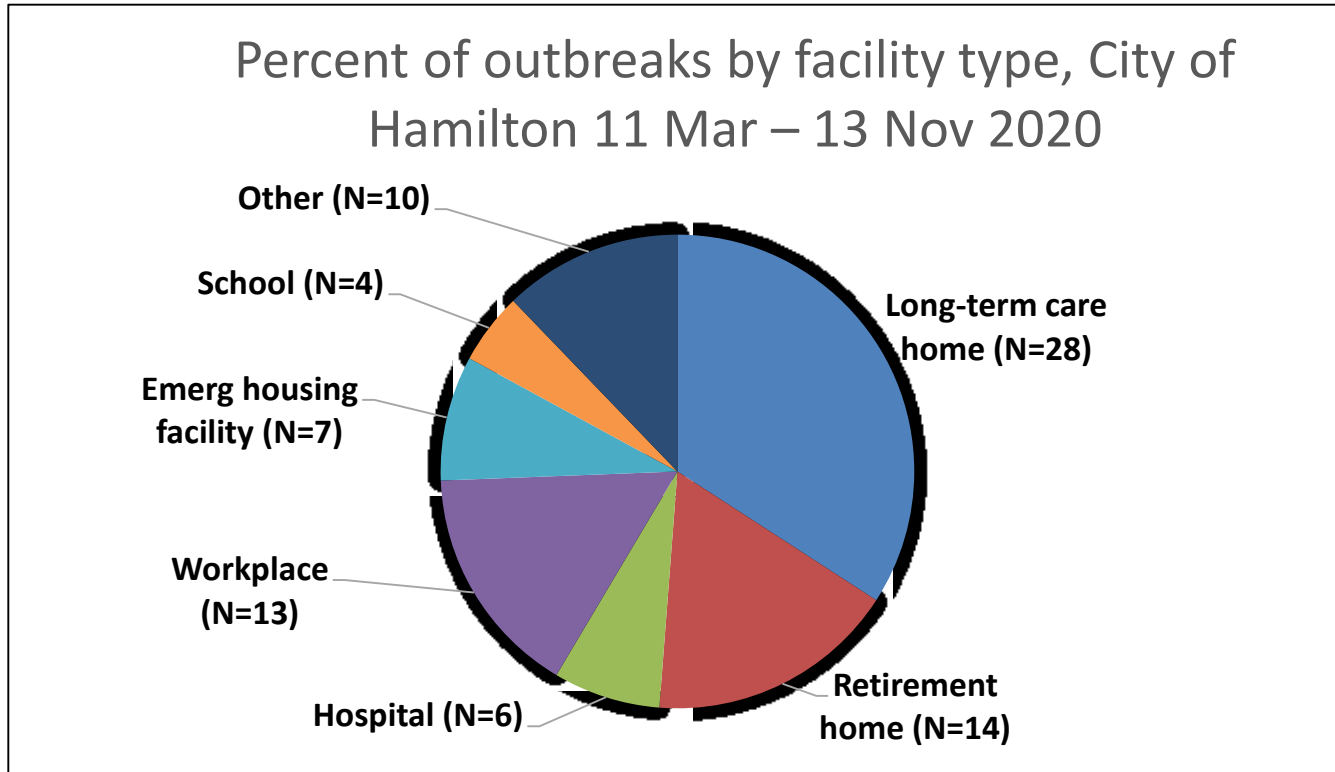


Key Messages

- COVID-19 case activity has increased drastically in the City of Hamilton during Phase 5 (since Oct 1, 2020)
- Since Oct 1, 2020 the average number of cases reported per day has increased from ~10 to 44

2. Outbreak Activity

Outbreaks (Cumulative)



Key Messages

- The largest percentage of outbreaks have been in long-term care homes (N=28, 34%)
- The largest number of outbreak cases have been in long-term care homes (N=201)

Recent Outbreaks (Oct 1 – Nov 13, 2020)

Facility type	Total outbreaks	Total cases	Staff cases	Resident/patron cases	Deaths
Long-term care home	14	157	65	92	10
Retirement home	6	16	6	10	2
Workplace	13	35	35	0	0
Emergency housing facility	3	4	3	1	0
School	4	12	9	3	0
Other	6	73	9	64	0

Key Messages

- There has been a drastic increase in long-term care home & workplace outbreaks during the Oct 1 – Nov 13, 2020 period
- Long-term care home outbreaks comprise the majority of our recent outbreak cases

Public Health Measures



CONTROL
(Stringent Measures)

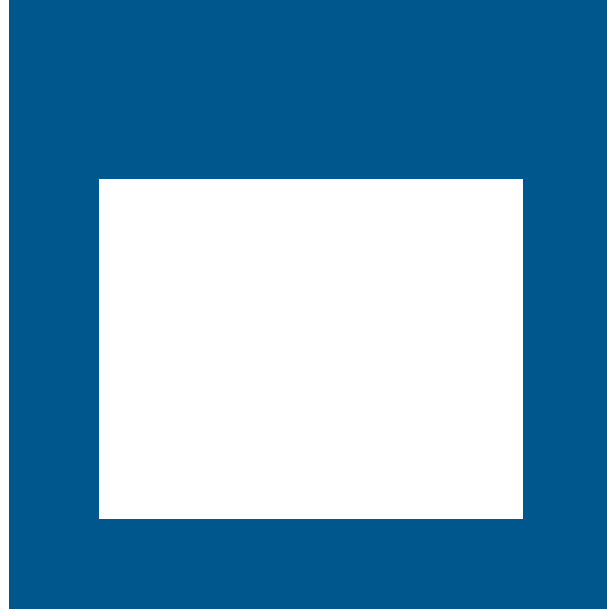
- Comes into effect on November 16, 2020 at 12:00 am
- Broader-scale measures and restrictions, across multiple sectors, to control transmission
- Gathering limit for all organized public events and social gathering: 10 people indoors, 25 people outdoors
- COVID-19 Enforcement team will continue to respond to complaints as well as proactively enforce all of the applicable regulations

COVID-19 Vaccination Plan

- First doses of vaccine available Q1 2021
- Further supply throughout 2021 into 2022
- Expect there to be prioritization of vaccine based on Federal and Provincial guidance.
- Planning underway in Hamilton at local level for vaccine delivery

Prioritization of COVID-19 Work

Essential	High	Medium	Low
Case Management	Contact Management (high-risk settings)	Contact Management (lower risk settings)	Referrals for research trials
Outbreak Management (high-risk settings)	Outbreak Management (lower risk settings)	Monitoring case/contacts	
Guidance for congregate living settings	Congregate setting IPAC audits/check-in	General inquiries via hotline/COVID email	
24/7 On-call response capacity	PH measures compliance investigations	Letters to cases (isolation release)	
CCM/Outbreak phone line	IPAC & School phone line	Reoccurring school visits	
IPAC Audits for outbreak response	Guidance for workplaces and community settings		



QUESTIONS?