City of Hamilton

BOARD OF HEALTH REVISED

Meeting #: 21-001

Date: January 11, 2021

Time: 9:30 a.m.

Location: Due to the COVID-19 and the Closure of City Hall

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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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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. December 7, 2020

5. COMMUNICATIONS

5.1. Correspondence from the Honourable Christine Elliott, Deputy Premier and Minister of Health, and Dr. David Williams, Chief Medical Officer of Health respecting One-Time Funding for COVID-19 Extraordinary Costs

Recommendation: Be received.

6. DELEGATION REQUESTS

7. CONSENT ITEMS

8. PUBLIC HEARINGS / DELEGATIONS / VIRTUAL DELEGATIONS

9. STAFF PRESENTATIONS

9.1. Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (to be distributed)

10. DISCUSSION ITEMS

10.1. Hamilton Family Health Team Secondment BOH13002(b) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

*13.1. Amendments to the Outstanding Business List

*13.1.a. Items with Revised Due Dates

*13.1.a.a. 2015-A : Review of the City of Hamilton's Pest Control By-law (November 16, 2015, Item 9.1)

Due Date: September 2020

Revised Due Date: April 2021

*13.1.a.b. 2016-A : Hamilton Airshed Modelling System (BOH18016) (City Wide) (April 16, 2018 , Item 7.1)

Due Date: December 2020

Revised Due Date: Q2 2021 - Work with vendor has been suspended due to COVID19

*13.1.a.c. 2019-H : Hamilton Millennial Survey Study – Employment Precarity (April 15, 2019 19-004 , Item 8.1)

Due Date: January 2021

Revised Due Date: March 2021

*13.1.a.d. 2019-V: Municipal Actions to Reduce Harms Associated with Alcohol Use (BOH19032) (December 2, 2019 19-012 , Item 9.1)

Due Date: September 2020

Revised: On Hold - Work suspended due to COVID19

*13.1.a.e. 2020-B : Implementation and Resources Required re: Corporate Goals and Areas of Focus for Climate Mitigation & Adaptation (REFERRED FROM: December 4, 2019 GIC 19-027, Item 4)

Due Date: December 2020

Revised: On Hold - Work was suspended due to COVID19

*13.1.a.f. 2020-G: Implementation of a By-Law to Regulate the Smoking of Non-Tobacco Combustible Substances in Public Places and Work Places (February 21, 2020 BOH 20-002, Added Item 11.1)

Due Date: September 2020

Revised Due Date: May 2021

*13.1.a.g. 2020-H: Hamilton Drug Strategy Year End Report (BOH20006) (City Wide) (February 21, 2020, BOH 20-002, Item 7.1)

Due Date: December 2020

Revised Due Date: Feb 2021

*13.1.a.h. 2020-I: Consumption and Treatment Services and Wesley Day Centre (Referred to the Board of Health from the Emergency and Community Services Committee on June 19, 2020), E&CS 19-014 Item (h) (i))

Due Date: Feb 2021

*13.1.a.i. 2020-J: Correspondence from Chatham-Kent Public Health Unit respecting the Decriminalization of Personal Possession of Illicit Drugs (September 21, 2020)

Due Date: May 2021

*13.1.b. Items to be Removed

*13.1.b.a. 2019-W: Ontario Ministry of Health Discussion Paper: Public Health Modernization (December 2, 2019, 19-012, Item 10.2)

Addressed in Appendix “A” of Report BOH20004, Public Health Modernization (January 13, 2020, BOH 20-001, Item 10.3)

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

BOARD OF HEALTH
MINUTES 20-008

9:30 a.m.
Monday, December 7, 2020
Council Chambers
Hamilton City Hall

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

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. Clean Air Hamilton 2019 Annual Report (BOH20023) (City Wide) (Item 9.1)

(Clark/Partridge)
That Report BOH20023 respecting the Clean Air Hamilton 2019 Annual Report, be received.

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
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
ABSENT	-	Ward 6	Councillor Tom Jackson
YES	-	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
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

2. Food Advisory Committee 2021 Budget Request (BOH20024) (Item 10.1)

(Nann/Farr)

(a) That the Food Advisory Committee 2021 Budget Submission attached as Appendix "A" to Report BOH20024, in the amount of $1,500, be approved and referred to the 2021 budget process for consideration; and,

(b) That the unspent 2020 approved funding for education, training and events, in the amount of $1,000, be transferred to the Food Advisory Committee's 2021 reserve.

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
ABSENT	-	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

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:

8. VIRTUAL DELEGATIONS (Item 8)

(i) Anja Dragicevic, respecting Mandatory Masks During Physical Activity (Item 8.1)

The delegation is withdrawn.

(Clark/Pearson)
That the agenda for the December 7, 2020 Board of Health be approved, as amended.

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
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
ABSENT	-	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
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	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) November 16, 2020 (Item 4.1)

(Johnson/VanderBeek)
That the Minutes of the November 16, 2020 meeting of the Board of Health be approved, as presented.

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
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
ABSENT	-	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
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

(e) STAFF PRESENTATIONS (Item 9)

(i) Clean Air Hamilton 2019 Annual Report (BOH20023) (City Wide) (Item 9.1)

Trevor Imhoff, Senior Project Manager, Air Quality & Climate Change and Dr. Bruce Newbold, addressed the Board with an overview of the Clean Air Hamilton 2019 Annual Report (BOH20023), with the aid of a PowerPoint presentation.

(Nann/Wilson)
That the Presentation respecting Clean Air Hamilton 2019 Annual Report (BOH20023), be received.

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
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Chad Collins
ABSENT	-	Ward 6	Councillor Tom Jackson
YES	-	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
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

For further disposition of this matter, refer to Item 2.

(ii) Overview of COVID-19 Activity in the City of Hamilton 11 Mar to Present (Item 9.2)

Dr. Elizabeth Richardson, Medical Officer of Health and 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.

(Farr/Ferguson)
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	
YES	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
ABSENT	-	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

(g) ADJOURNMENT (Item 15)

(Nann/Farr)
That, there being no further business, the Board of Health be adjourned at 11:45 a.m.

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
ABSENT	-	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
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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

Respectfully submitted,

Mayor F. Eisenberger
Chair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

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 - One-Time Funding for COVID-19 Extraordinary Costs
Date:	December 30, 2020 10:58:30 AM
Attachments:	Hamilton_Amending Agreement.pdf Hamilton_Minister"s Letter.pdf Hamilton_CMOH Letter.pdf
Importance:	High

Please find attached one-time funding approval letters for your public health unit to support 2020 COVID-19 extraordinary costs, 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
393 University Avenue, Suite 2100
Toronto, ON M7A 2S1
Tel: (416) 212-6397
Email: brent.feeney@ontario.ca

Ontario

Ministry of Health **Ministère de la Santé**

Office of Chief Medical Officer of Health, Public Health
393 University Avenue, 21st Floor
Toronto ON M5G 2M2

Telephone: (416) 212-3831
Facsimile: (416) 325-8412

Bureau du médecin hygiéniste en chef, santé publique
393 avenue University, 21e étage
Toronto ON M5G 2M2

Téléphone: (416) 212-3831
Télécopieur: (416) 325-8412

eApprove-72-2020-171

December 30th, 2020

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton, Public Health Services
110 King Street West, 2nd Floor
Hamilton ON L8P 4S6

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 $6,054,200 in one-time funding for the 2020-21 funding year to support extraordinary costs associated with monitoring, detecting, and containing COVID-19 in the province.

This will bring the total maximum funding available under the Agreement for the 2020-21 funding year up to $40,333,200 ($29,141,500 in base funding and $11,191,700 in one-time funding). Please find attached to this letter a new Schedule A (Grants and Budget) and Schedule B (Related Program Policies and Guidelines) 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.

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.

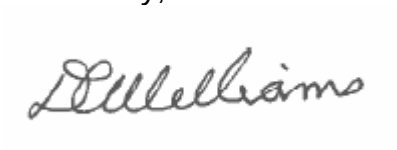
It is also essential that you manage costs within your approved budget.

…/2

Dr. Elizabeth Richardson

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.

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

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
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Bureau du vice-premier ministre
et du ministre de la Santé

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Ontario

eApprove-72-2020-171

December 30, 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 $6,054,200 in additional one-time funding for the 2020-21 funding year to support extraordinary costs associated with monitoring, detecting, and containing COVID-19 in the province.

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.

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,

Christine J. Elliott

Christine Elliott
Deputy Premier and Minister of Health

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

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

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

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2020 TO MARCH 31, 2021, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2020-21 Approved Allocation ($)**
Mitigation (100%)[3]			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
COVID-19: Extraordinary Costs (100%)[3]			6,054,200
COVID-19: Public Health Case and Contact Management Solution (100%)[4]			33,400
COVID-19: School-Focused Nurses Initiative (100%)[5]	# of FTEs	23.0	1,541,000
MOH / AMOH Compensation Initiative (100%)			41,900
Ontario Seniors Dental Care Program Capital: Dental Clinic Upgrades – Centre de santé Communautaire (100%)[6]			137,700
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic Bus (100%)[6]			550,000
Temporary Pandemic Pay Initiative (100%)[7]			311,800
Total Maximum One-Time Funds[2]			**11,191,700**

MAXIMUM TOTAL FUNDS	2019-20 Approved Allocation ($)	2020-21 Approved Allocation ($)
Base and One-Time Funding	**31,460,300**	**40,333,200**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2021-22 Approved Allocation ($)**
Mitigation (100%)[8]			2,215,800
COVID-19: School-Focused Nurses Initiative (100%)[9]	# of FTEs	23.0	759,000
Total Maximum One-Time Funds[2]			**2,974,800**

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 June 15, 2020 to March 31, 2021.
(5) One-time funding is approved for the period of August 1, 2020 to March 31, 2021.
(6) 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.
(7) One-time funding is approved for the period of April 24, 2020 to August 13, 2020.
(8) One-time funding is approved for the period of January 1, 2021 to December 31, 2021.
(9) One-time funding is approved for the period of April 1, 2021 to July 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	***BASE FUNDING***

- 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.

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.

Type of Funding	***BASE FUNDING***

  - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th 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,

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

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 underserviced 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 ≥90º stay open feature and <90º 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 +5oC with a control range between +2ºC to +8ºC 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 0.1ºC;

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 +/- 0.5ºC 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.

COVID-19: Extraordinary Costs (100%)

One-time funding must be used by the Board of Health to offset extraordinary costs associated with monitoring, detecting, and containing COVID-19 in the province.

Eligible costs include, but are not limited to:

- Salaries and benefits associated with surveillance, case and contact management (investigation/follow-up), inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff) to assist with COVID-19 response, staff used or engaged to manage COVID-19 reporting requirements, management staff related to COVID-19 activities, and back-filling of staff who have been re-assigned to support COVID-19 response.
- Travel and accommodation for staff delivering COVID-19 service away from their home base, or for staff to conduct the infectious disease surveillance demands (swab pick ups and laboratory deliveries).
- Supplies and equipment, including laboratory testing supplies, information and information technology upgrades related to tracking COVID-19, and replenishment of inventories for the delivery of mandatory public health programs and services.
- Purchased services, including security services, transportation services including courier services and rental cars, data entry or information technology services for reporting COVID-19 data to the ministry from centres in the community that are not operated by the public health unit or increased services required to meet pandemic reporting demands, staff wellness initiatives (i.e., increased Employee Assistance Program services), and additional premises rented.
- Communications, including media announcements, public and provider awareness, signage, and education materials.

The Board of Health is required to retain records of COVID-19 spending for future follow-up.

COVID-19: Public Health Case and Contact Management Solution (100%)

The Provincial Case and Contact Management Action Plan aims to ensure case and contact management is effective in containing the spread of COVID-19 by:

- Supporting public health units with additional centralized resources;
- Expediting data entry to speed process and provide timely analytics;

Type of Funding	***ONE-TIME FUNDING***

- Integrating with supporting provincial systems and services; and,
- Improving technology tools and providing one provincial system.

To that end, the Public Health Case and Contact Management (CCM) I&IT Solution will be used for Ontario to manage cases and contacts of COVID-19. Built on the Salesforce platform, this provincially-funded solution replaces the use by public health units of the integrated Public Health Information System (iPHIS) for COVID-19 case and contact management and reporting.

The goal is to streamline public health unit processes through improved system workflows for COVID-19 case and contact management. This will include eventual elimination of faxed lab results through direct integration of lab records from the provincial laboratory repository (OLIS) with the CCM Solution, working in close collaboration with Ontario Health to ensure the quality, timeliness, and completeness of OLIS data. Provincial reporting will continue to occur from iPHIS CRN without the need for re-entering data. The CCM Solution will also support remote workforces and have efficient onboarding with a secure two-factor authentication process replacing the need for VPN tokens.

One-time funding must be used by the Board of Health for costs associated with onboarding and ongoing operations of the components of the CCM Solution already implemented, as well as to adopt components of the CCM Solution scheduled for implementation and the associated readiness activities and business process transformation.

Conduct Ongoing Operations and Implementation of Upgrades (releases and enhancements) for the implemented components of the CCM Solution:

- Engage in continuous review of business processes to seek improvements, efficiencies and best practices;
- Implement and support identified improvements and best practices;
- Participate in the development of use-case scenarios for enhancements and releases, as required;
- Provide Subject Matter Expert Functional Testing resources for selected enhancements or releases, as required;
- Participate in the development of operational and enhanced surveillance reports, as required;
- Implement any defined workarounds;
- Conduct data cleaning and duplicate record resolution;
- Prepare and implement plans to address the data collection, transformation, entry and validation from all reporting sources and methods to the CCM Solution;
- Maintain local training materials and programs;
- Maintain internal Board of Health support model including the Problem Resolution Coordinator role and ensuring integration with the Province's service model;
- Implement internal Board of Health incident model including the Incident Coordinator role for privacy incident and auditing practices and ensuring integration with the Province's incident model;
- Review and adjust existing system accounts, roles and responsibilities to ensure correct authorization and access levels are being provided to account holders;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes;
- Implement and adhere to data standards, security, audit and privacy policies and guidelines;

Type of Funding	***ONE-TIME FUNDING***

- Maintain the security and technical infrastructure required for the operation of the CCM Solution including the approved level(s) of the supported browser(s);
- Ensure required security and privacy measures are followed for transferring data, applying password protection and encrypting devices where personal and personal health information is involved;
- Confirm appropriate privacy, security, and information management related analyses, activities and training have been executed in accordance with your Board of Health's obligations as a Health Information Custodian under the *Personal Health Information Protection Act* (PHIPA) and other applicable laws and local business practices and processes;
- Sign required agreements with the Ministry prior to production use of CCM Solution;
- Participate in surveys, questionnaires and ad-hoc reviews, as required;
- Participate in structured reviews and feedback sessions including; working groups, committees, forums, and benefit analysis sessions as required;
- Maintain communications with both internal staff and external stakeholders;
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
    - Business Practices and Change Management,
    - Release Planning and Deployment,
    - Information Governance,
    - Audit Policies and Guidelines,
    - Data Standards and Reporting,
    - Data Analytics,
    - Integration,
    - User Experience, and
    - Technical (IT) Experience.

Conduct Deployment and Adoption Activities for components of the CCM Solution scheduled for implementation:

- Review of business processes and workflows and implement changes required to support adoption of new components as per specific Board of Health requirements and best practices best practices;
- Participate in the development of use-case scenarios for new components, as required;
- Provide Subject Matter Expert Functional Testing resources for new components, as required;
- Develop local training plans, materials and programs and complete and execute training plans for new components, as required;
- Complete data mapping and dry runs of data migration/ data integration, validate data migration/data integration results and address duplicate record resolution and data transformation and cleansing, as required;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes, as required;
- Support onboarding activities for the CCM Solution and components;
- Complete deployment checklists as per required activities;
- Establish and implement internal Board of Health support model including providing the Problem Resolution Coordinator and ensuring integration with the Province's service model;
- Establish and implement internal Board of Health incident model including providing the Incident Coordinator and ensuring integration with the Province's incident model;

Type of Funding	***ONE-TIME FUNDING***

- Implement the security and technical infrastructure required for the operation of the CCM Solution including the approved level(s) of the supported browser(s) as communicated by the Ministry and the use of encrypted drives, devices and files;
- Confirm appropriate privacy, security, and information management related analyses, activities and training have been executed in accordance with your Board of Health's obligations as a Health Information Custodian under PHIPA and other applicable laws and local business practices and processes;
- Implement required security and privacy measures for transferring data, applying password protection and encrypting devices where personal health information is involved;
- Maintain and execute a communication/information plan for both internal staff and external stakeholders;
- Sign required agreements with the Province prior to production use of the CCM Solution;
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
  - Business Practices and Change Management,
  - Release Planning and Deployment,
  - Integration,
  - User Experience, and
  - Technical (IT) Experience.

If the Board of Health has agreed to be a Builder and Early Adopter it must also use the one-time funding toward the following activities for the CCM Solution as noted below:

- Provide special public health unit support services to the Province for the CCM Solution to assist with defining requirements; designing features; prioritizing requirements; supporting resolution of public health specific issues; assessing and testing releases and enhancements; identifying business process improvements and change management strategies; and conducting pilots, prototyping and proof of concept activities;
- Chair/Co-Chair Working Group(s), as required;
- For Builder and Early Adopter activities above, provision of human resources to provide support within at least three (3) of the following categories, as required:
  - Release Planning and Deployment,
  - Information Governance,
  - Business Practices and Change Management,
  - Audit Policies and Guidelines,
  - Data Standards and Reporting,
  - Data Analytics,
  - Integration,
  - User Experience, and
  - Technical (IT) Experience.

COVID-19: School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created to support additional nursing FTE capacity in every board of health to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic.

Type of Funding	***ONE-TIME FUNDING***

The school-focused nurses will contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; surveillance, screening and testing; outbreak management; and, case and contact management; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus will be on the COVID-19 response, the additional nurses may also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support child care centres, home child care premises and other priority settings as needed.

The initiative is being implemented through a phased-approach for the 2020-21 school year, with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used by the Board of Health to create new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

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.
- 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.

Type of Funding	***ONE-TIME FUNDING***

- 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 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;

Type of Funding	***ONE-TIME FUNDING***

- 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.
  - 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

Type of Funding	***ONE-TIME FUNDING***

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.

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	***OTHER***

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.

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

Board of Health

January 11, 2021

Dr. Elizabeth Richardson

Public Health Services
Office of the Medical Officer of Health

Overview

1. Overall Status Update
2. Provincial Response Framework & Metrics
3. COVID-19 Situation Report
    - Case Activity
    - Outbreak Activity
3. COVID-19 Variants
4. Hamilton COVID-19 Response Table Updates
5. Staffing & Recruitment Update
6. COVID-19 Vaccination Program Update

Overall Status

- Increasing number of cases and outbreaks has impacted Public Health Services' ability to follow-up with cases and contacts in a timely manner
- Approach to case and contact management has been revised to focus on areas with greatest impact:
  - Isolation of new cases
  - Follow-up with highest risk contacts
  - Outbreak response
- Changes to business processes include (but are not limited to):
  - Collection of qualitative data and some quantitative data elements suspended
  - Collection of detailed data social determinants of health data suspended

Overall Status

- Vaccination program underway, following frameworks and ongoing guidance provided by the Province
- Began vaccination in Long Term Care Homes/high risk Retirement Homes yesterday, aim to complete by Jan 18, 2021
- Currently dynamic situation with short cycles of planning in response to evolving science and provincial direction/policy and supply of vaccine

Provincial Response Framework Indicators

PREVENT (Standard Measures)	PROTECT (Strengthened Measures)	RESTRICT (Intermediate Measures)	CONTROL (Stringent Measures)	LOCKDOWN (Maximum Measures)
Epidemiology • 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 **Health System Capacity** • Hospital and ICU capacity adequate **PH System Capacity** • Case and contact follow up within 24 hours adequate	**Epidemiology** • 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 **Health System Capacity** • Hospital and ICU capacity adequate **PH System Capacity** • Case and contact follow up within 24 hours adequate	**Epidemiology** • 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 **Health System Capacity** • Hospital and ICU capacity adequate or occupancy increasing **PH System Capacity** • Case and contact follow up within 24 hours adequate or at risk of becoming overwhelmed	**Epidemiology** • Weekly incidence rate ≥ 40 per 100,000 • % positivity ≥ 2.5% • Rt is ≥ 1.2 • Repeated outbreaks in multiple sectors/settings, increasing/# of large outbreaks • Level of community transmission/non-epi linked cases increasing **Health System Capacity** • Hospital and ICU capacity at risk of being overwhelmed **PH System Capacity** • Public health unit capacity for case and contact management at risk or overwhelmed	Trends continue to worsen after measures from Control level are implemented.

Provincial Response Framework Indicators

Epidemiology

	Previous (Dec 25, 2020)	Previous (Jan 1, 2021)	CURRENT (Jan 8, 2021)	Trend
Weekly incidence rate/100,000	127.5	129.0	159.2	↑
% positivity	3.2%	5.5%	6.3%	↑
Effective reproductive number (R_t)	1.08	1.07	1.16	↑
% of community-acquired cases	**	**	**	

High number of outbreaks among long-term care homes and retirement homes
Total of 32 active outbreaks; 9 outbreaks > 10 cases.

Public Health System Capacity

	Previous (Dec 25, 2020)	Previous (Jan 1, 2021)	CURRENT (Jan 8, 2021)	Trend
% newly reported cases reached within 1 day of reported date	31.1%	46.6%	48.5%	↑
% newly identified close contacts reached within 1 day of contact ID date	**	**	**	

Provincial Response Framework Indicators

Health System Capacity		
	Hospital	**CURRENT (Jan 8, 2021)**
Overall adult acute medicine & surgical hospital occupancy/funded acute beds	**SJHH**	99%
	HHS	100%
Overall adult acute alternate level of care (ALC) hospital occupancy/funded acute beds	**SJHH**	19%
	HHS	18%
Overall adult critical care occupancy/funded intensive care unit (ICU) beds	**SJHH**	81%
	HHS	90%

SJHH: St. Joseph's Healthcare Hamilton
HHS: Hamilton Health Sciences

COVID-19 Situation Report

Overview:

1. Case activity
2. Outbreak activity

1. Case activity

Phases of COVID-19 in Hamilton

Wave 2

Phase 1: Pre-Peak
Sept 2020

- 179 cases reported
- Infections due to direct contact with other cases and undetermined sources
- 2 outbreaks
- Ongoing household spread, socialization, and those feeling ill not staying home
- 6 hospitalizations and 1 death
- 25,220 tests completed at Hamilton Assessment Centres

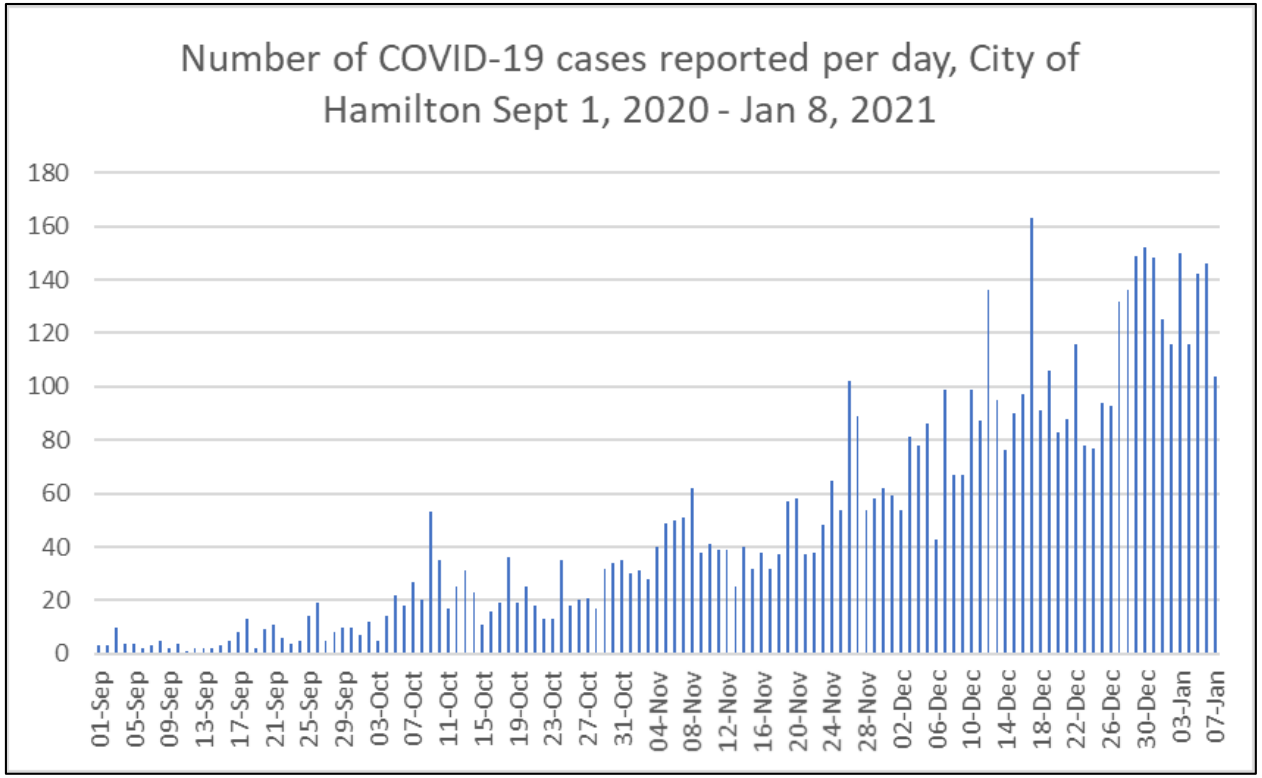
Phase 2: Peak 1
Oct 2020

- 691 cases reported
- Infections due to outbreaks, direct contact with other cases, and undetermined sources
- Various factors led to ongoing risky behaviours: choice, stigma, structural barriers
- 27 outbreaks
  - One large and notable: SPINCO, triggered early Oct 2020 peak
- 17 hospitalizations and 2 deaths
- 27,943 tests completed at Hamilton Assessment Centres

Phase 3: Peaks 2+
Nov 2020 – Jan 8, 2021

- 5,343 cases reported
- Infections due to outbreaks, direct contact with other cases, and undetermined sources
- Various factors led to ongoing risky behaviours: choice, stigma, structural barriers
- 117 outbreaks
  - Several notable: Chartwell Willowgrove, Grace Villa, Juravinski, Shalom Village
- 298 hospitalizations and 148 deaths
- 71,415 tests completed at Hamilton Assessment Centres

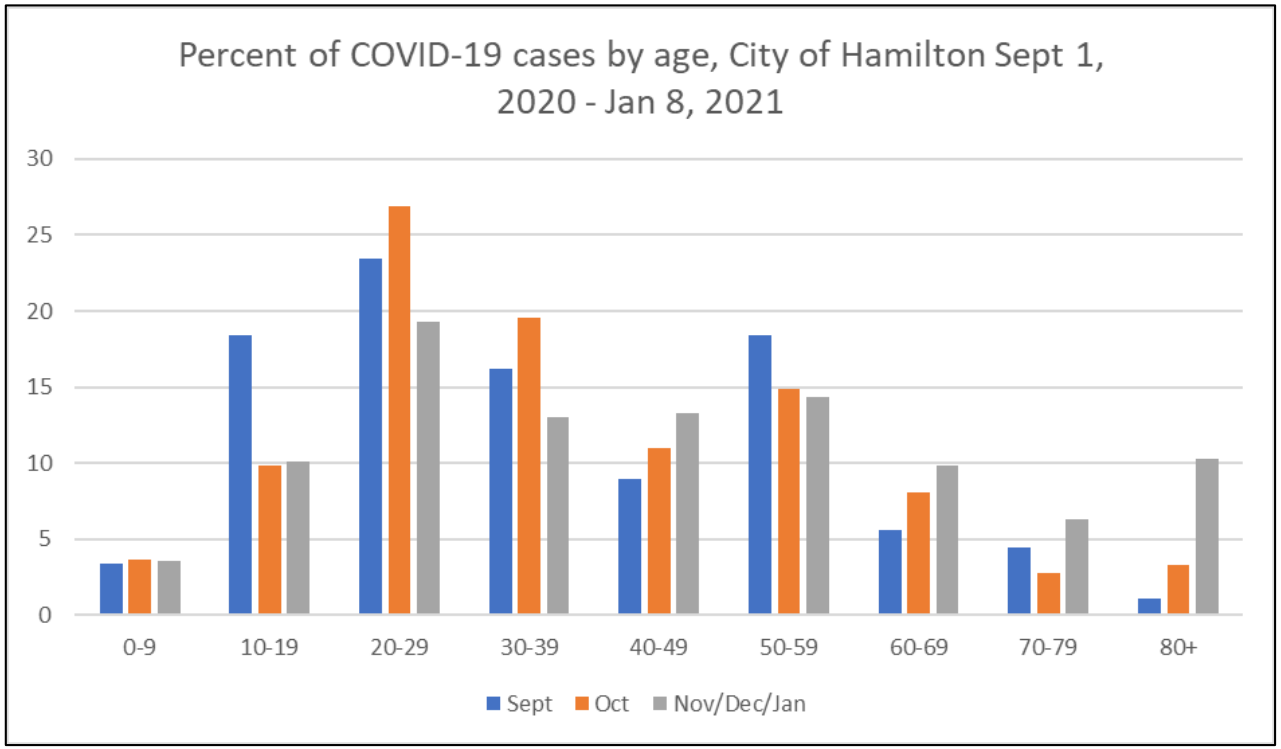
Reported cases



Key Messages

- COVID-19 case activity has increased drastically in the City of Hamilton throughout wave 2
- Since Sept 1, 2020, the average number of cases reported per day has increased from ~1 to 135

Age distribution



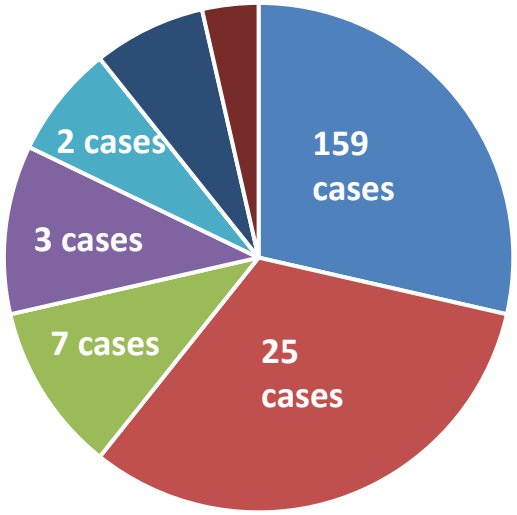
Key Messages

- Overall, from Sept 1, 2020 – Jan 8, 2021, the highest percentage of cases occurred in the 20-29 year age group
- More recently (Nov 1, 2020 – Jan 8, 2021), there has been a rise in the 80+ year age group

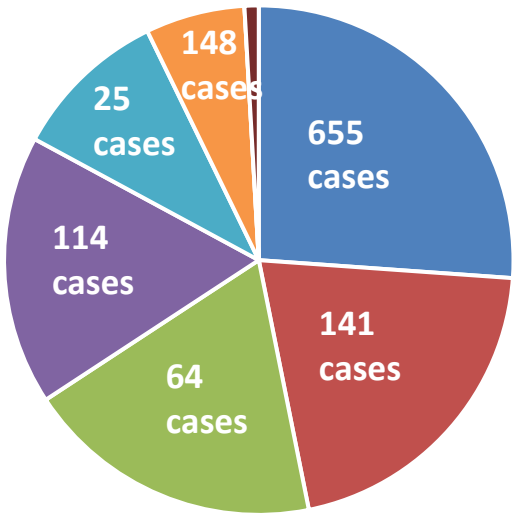
2. Outbreak activity

Number of COVID-19 outbreaks by facility type

City of Hamilton, Sept 1 – Oct 31, 2020; N=29 outbreaks



City of Hamilton, Nov 1, 2020 – Jan 8, 2021; N=117 outbreaks



Long-term care home
Workplace
School/daycare
Retirement home
Group home
Hospital
Athletic facility
Other

Key Messages

- A shift in affected facility types has occurred throughout wave 2
- More recently, a larger proportion of school/daycare and retirement home outbreaks have been declared

COVID-19 outbreak cases by facility type

Facility type	Total # outbreaks	Total cases	Staff cases	Resident/ patient/patron/ student cases	Visitor/other cases	Deaths
Long-term care home	37	814	339	463	12	105
Workplace	32	166	157	9	0	1
Hospital	7	148	81	65	2	11
Retirement home	22	117	39	71	7	10
Athletic facility	2	79	3	76	0	0
School/daycare	24	71	33	38	0	0
Group home	13	27	20	7	0	0
Other	2	9	3	3	3	0
Total	146	1,439	682	733	24	127

Key Messages

- The largest proportion of outbreak-associated cases in wave 2 thus far (Sept 1, 2020 – Jan 8, 2021) have been in long-term care homes (N=814)
- The number of cases per outbreak high for long-term care and hospitals, low for workplaces and schools/daycares

COVID-19 Variants

- UK variant was detected after a rapid increase in COVID-19 cases was observed late September 2020, with an ongoing increase as of December 2020
- South African variant was detected through routine genomic surveillance in December 2020.
- Data suggests these strains may be more transmissible
- Early analyses suggests there is no increased risk for hospitalization or reinfection with the variants
- Currently no indication that the vaccines will be less effective against these variants, subject of ongoing study
- As of January 5, 2021, ***nine*** cases of the UK variant have been identified in Canada (***six*** in Ontario)

Hamilton COVID-19 Response Table Update

- Extended Assessment Centre hours to meet increased demand. Residents are able to access COVID testing within one day.
- Ongoing support to congregate settings in crisis challenged by large outbreaks and lack of human resources. Mobile Emergency Support Team actively recruiting staff to assist.
- Ongoing partnership with Chamber of Commerce and Business Improvement Areas to support business understanding of/adherence to provincial guidelines and safe work environments.
- Examining procurement of COVID-19 forecasting tool to assess pandemic trajectory and impacts of public health measures/vaccination

Staffing & Recruitment Update

Overall

- 263 Public Health Services staff and 8 City staff supporting COVID-19 response
- Demands on staff continue to be significant

Deployment of Additional PHS Staff in late December

- 21 Public Health Nurses
- 2 Public Health Services Leaders

Additional Support from Ministry of Health

- 11 Case Management staff started as of Jan 4, 2021, trying to recruit more
- 33 Contact Tracers have started

Vaccine Distribution Timeline

Phase 1
Dec 2020 – Mar 2021

- Pfizer and Moderna Vaccines Available
- Dec 23 2020 – HHS Vaccine Clinic (Pfizer) operational
- Mid-Jan 2021 - Moderna vaccinations begin distribution
- Dec 22, Jan 5 - Community engagement sessions with reps from priority populations (Future meetings TBC).
- W/o Jan 18th – HPHS vaccination plan due to Province (to vaccinate 75% of the population in 2021)
- Priority populations for Phase 1 include:
  - Residents, employees, staff, and essential caregivers in congregate settings for seniors
  - Health care workers and those working in health care settings
  - First Nation communities and urban Indigenous populations
  - Adult recipients of chronic home health care

Phase 2
Apr 2021 – Sept 2021

- Pfizer, Moderna, other vaccines available
- More stock will become available
- Over this phase move from special vaccination sites to usual vaccination sites (primary care, pharmacies, etc)
- Priority populations from Phase 1 continues and broadens
  - All members of Phase 1 groups
  - Additional congregate settings (e.g. Shelters)
  - Adults over 70

Phase 3
Late 2021

- Vaccines widely available
- Usual vaccination sites and processes
- Vaccine available to anyone who wants to be immunized

Situation Update

- As of January 10, 2021 , there have been approximately 5,800 vaccines administered in Hamilton.
- The current fixed-site vaccination clinic at Hamilton Health Sciences will continue to deliver vaccine as the supply is received from the Province.
- As of this week individuals will begin receiving their 2nd dose of vaccine
- Mobile clinics, coordinated by Public Health Services with Primary Care Physicians and Hamilton Paramedics, now underway in Hamilton long term care and high risk retirement homes - first mobile clinic held yesterday, Jan 10, 2021.
- As of January 10, 2021, just over 3000 of 6200 staff/essential caregivers in long-term care and high-risk retirement homes in Hamilton have received vaccines with more planned in the coming days.

Vaccine Planning

- Local Plan due to Ministry of Health and Long-Term Care by January 18, 2021

- Comprehensive plan to include:

  - A description of populations to be vaccinated by phase/over time (including quantitation of subpopulations and identification of barriers)
  - Prioritization strategy and implementation plan
  - Measurement, Monitoring, and evaluation plan
  - Communication plan over period of three vaccine phases
  - Channels/Options for vaccine delivery across phases
  - Strategy to address vaccine hesitancy including health promotion plan and the use of vaccine champions, HHR, considerations for storage/transport/security, and CQI of the plan.

Key Populations

The province has announced key populations to receive the vaccine, including those at higher risk of serious illness and dying from COVID-19:

- Residents, staff, essential caregivers and other employees of congregate living settings (e.g. long-term care homes and retirement homes) that provide care for seniors as they are at higher risk of infection and serious illness from COVID-19;
- Health care workers;
- Adults in Indigenous communities, including remote communities where risk of transmission is high; and
- Adult recipients of chronic home health care

Provincial Vaccine Phases

1

December 2020 - March 2021

Who can be vaccinated:

- Residents, employees and staff, and essential caregivers in congregate settings for seniors
- Health care workers and those working in health care settings
- First Nation communities and urban Indigenous populations
- Adult recipients of chronic home health care

2

April 2021- September 2021

Who can be vaccinated:

All members of **Phase 1** groups

Additional congregate settings (e.g. Shelters)

Other populations and communities at greater risk*

3

September 2021 - End of 2021

Who can be vaccinated:

Available to anyone who wants to be immunized

Purpose of Prioritization

- Demand for COVID-19 vaccines initially exceeds available supply

- The province has committed to distributing COVID-19 vaccines to priority populations in order to:

    - Reduce serious illness and death
    - Preserve health care and hospital capacity; and

- The province has released key resources to:

    - describe roles and responsibilities for prioritization
    - set priorities, targets and priority populations
    - guide a consistent approach to prioritization

Approach to Prioritization

- In the first weeks of vaccine role out, the province has provided specific direction on intended audience
  - Congregate settings for seniors – starting with Long Term Care Homes/Retirement Homes

- As Phase 1 implementation the province has released several key resources:
  - an Ethical Framework for COVID-19 Vaccine Distribution which distills ethical principles to guide COVID-19 distribution and promote consistency, stewardship, accountability and public trust.
  - A COVID-19 Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination
  - Public Health Ontario data tools on risk of exposure

- The province has indicated more cycles of planning are underway to support prioritization in Phase 1, 2 & 3
  - Rapid decision making that is responsive to science, lived experience and implementation

Ethical Framework: Foundation to Decision Making

Minimize harms and maximize benefits

- Reduce overall illness and death related to COVID-19
- Protect those at greatest risk of serious illness and death due to biological, social, geographical, and occupational factors
- Protect critical infrastructure
- Promote social and economic well-being

Equity

- Respect the equal moral status and human rights of all individuals
- Distribute vaccines without stigma, bias, or discrimination[1]
- Do not create, and actively work to reduce, disparities in illness and death related to COVID-19, including disparities in the social determinants of health linked to risk of illness and death related to COVID-19[2]
- Ensure benefits for groups experiencing greater burdens from the COVID-19 pandemic

Fairness

- Ensure that every individual within an equally prioritized group (and for whom vaccines have been found safe and effective) has an equal opportunity to be vaccinated
- Ensure jurisdictional ambiguity does not interfere with vaccine distribution (e.g., Jordan's Principle)[3]
- Ensure inclusive, consistent, and culturally safe and appropriate processes of decision-making, implementation, and communications

Transparency

- Ensure the underlying principles and rationale, decision-making processes, and plans for COVID-19 vaccine prioritization and distribution are clear, understandable, and communicated publicly

Legitimacy

- Make decisions based on the best available scientific evidence, shared values, and input from affected parties, including those historically under-represented
- Account for feasibility and viability to better ensure decisions have intended impact
- To the extent possible given the urgency of vaccine distribution, facilitate the participation of affected parties in the creation and review of decisions and decision-making processes

Public Trust

Ensure decisions and decision-making processes are informed by the above principles to advance relationships of social cohesion and enhance confidence and trust in Ontario's COVID-19 immunization program

Key Roles and Responsibilities for Prioritization

Role	Responsibility
Ministry of Health (MOH)	• Set priority populations and sequence for vaccine utilization • Determine vaccine allocation • Set targets and timelines
Public Health Unit (PHU)	• Lead local vaccination programs; • Responsible for the process of deciding sequencing of vaccines; • Ensure consistent application of priority tools; • Engage with stakeholders to inform local decision making
Health Care Organizations	• Support and facilitate vaccine clinics

Local Process to Support Sequencing

- Local prioritization process established to engage with key stakeholders to:

    - Align with provincial direction to recommend local sequencing
    - Share/use best available data and resources to inform sequencing
    - Ensure a consistent application of provincial guidance/tools
    - Gather intelligence from key stakeholders to assist with sequencing
    - Ensure public trust and transparency in the process

Key Stakeholders:

- Diverse community representation (e.g. Newcomers to Canada, Indigenous, Black community, homeless/shelter/housing, older adults)
- Administrative and clinical leadership from key health sectors (e.g. acute/hospitals, mental health and additions, primary care, patient/family/caregiver, home care)
- A bioethicist

Next Steps

Next Steps:

- Continue to align with provincial direction at a local level
- Continue engagement with key stakeholders to assist in sequencing of vaccines within the province's phases
- Sequencing will be in step with logistical considerations (vaccine type, amount, staff)

Vaccine FAQ

This feels rushed, can we trust the COVID vaccine is safe?	These vaccines are going through a full and usual approval process by Health Canada, and fully meet safety profiles. They reduce illness due to COVID, but we don't yet know if they stop people from transmitting the virus, thus public health measures remain critical. Both the Pfizer and Moderna products require two doses for full effectiveness, but they are not interchangeable; the second dose must be the same as the first dose.
Will the vaccine interact with DNA in any way?	As mRNA vaccines, people may be concerned that the vaccine may alter their DNA, or that its side effects are worse than the disease. These vaccines do not alter one's DNA.

What are the side effects?	The side effects are mainly pain and swelling at the vaccine site, as with other vaccines. This is the body's natural response, building immunity against the virus. Side effects will likely be moderate and resolve after a few days. So far these side effects in our experience are uncommon. Side effects will continue to be monitored, here, across Canada and around the world
How do I decide if the vaccine is right for me and my family?	Get informed and make your decisions based on scientific evidence and what makes sense for your family. Vaccination is a personal choice. The vast majority of Canadians agree is part of good health and important for prevention of serious disease. Public Health recommends that everyone who is eligible gets the vaccine once it is available, but recognize that the choice is not always as easy as following this advice. Take the time to read and understand the vaccine information from reliable sources. Follow-up by asking questions and reaching out to trusted medical experts like your family doctor, nurse practitioner, or health care provider.

Hamilton

QUESTIONS?

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	January 11, 2021
SUBJECT/REPORT NO:	Hamilton Family Health Team Secondment BOH13002(b) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Bonnie King (905) 546-2424 Ext. 1587
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

RECOMMENDATION

(a) That the Board of Health authorize the reduction of the Public Health Services Healthy Families Division complement by 0.50 FTE resulting from the termination of the Secondment Agreement between the Hamilton Family Health Team (HFHT) and the City of Hamilton Public Health Services; and

(b) That the reduction be achieved through a current vacancy.

EXECUTIVE SUMMARY

Public Health Services (PHS) has seconded a Public Health Nurse (PHN) to the Hamilton Family Health Team (HFHT) since July 1, 2011. PHS received notice from the HFHT for the termination of the secondment agreement effective January 8, 2021. Funding from the secondment agreement supports a 0.50 FTE PHN in the Healthy Families Division. Staffing implications are minimal as there is an opportunity to reduce the 0.5 FTE through a current vacancy. PHS will continue to collaborate with the HFHT teams to promote opportunities for HBHC screening and to ensure linkages with other PHS programs and services.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: The HFHT has purchased 0.50 FTE Healthy Families Division PHN services annually. The secondment agreement ends on January 8, 2021. The termination of the contract will not result in a financial pressure as the accompanying FTE will be reduced.

Staffing: The reduction of 0.5 FTE will be achieved through a current vacancy.

Legal: The HFHT has terminated the secondment in accordance with the terms outlined in the Secondment Agreement.

HISTORICAL BACKGROUND

Public Health Services (PHS) has seconded a Public Health Nurse (PHN) to the Hamilton Family Health Team since 2011. Since this time, a strong collaborative partnership has been developed and maintained through the liaison PHN role and leadership participation on a variety of HFHT committees with respect to child health. The HFHT has identified an internal position that will assume the responsibility for promoting child health and access to community supports for rostered families and they have affirmed their commitment to maintaining the collaborative partnership between PHS and the HFHT. We will continue to build on our partnership successes and to maintain strong interprofessional communication going forward.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

Not Applicable.

RELEVANT CONSULTATION

Solicitor, Legal and Risk Management Services, Corporate Services has reviewed the Secondment Agreement and has acknowledged the termination of the secondment aligns with the contract.

Manager, Labour Relations has consulted on Ontario Nurses' Association (ONA) Collective Agreement and human resource implications.

Manager of Finance and Administration, and Business Administrator has been notified of the end date of the secondment.

Ontario Nurses Association Bargaining Unit President has been notified of the Secondment Agreement termination.

HFHT Manager has engaged in dialogue with PHS for transition planning and continued collaborative work with PHS.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The termination of the secondment is fiscally beneficial for the HFHT, and it allows them to utilize internal resources to continue the excellent work of promoting child health within HFHT practices, and to foster ongoing collaboration with PHS.

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.

Our People and Performance
Hamiltonians have a high level of trust and confidence in their City government.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.