



**City of Hamilton**  
**BOARD OF HEALTH**  
**AGENDA**

**Meeting #:** 21-002  
**Date:** February 19, 2021  
**Time:** 9:30 a.m.  
**Location:** Due to the COVID-19 and the Closure of City Hall

All electronic meetings can be viewed at:

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<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. January 11, 2021

**5. COMMUNICATIONS**

5.1. Correspondence from Peggy Sattler, MPP, London West, respecting Support for the Private Member's Bill entitled Stay Home If You Are Sick Act

Recommendation: Be endorsed.

- 5.2. Correspondence from the Honourable Christine Elliot, Minister of Health, respecting COVID-19 Extraordinary Costs

Recommendation: Be received

## **6. DELEGATION REQUESTS**

- 6.1. Delegation Request from Lyndon George respecting Structural Reform of the Board of Health (for a future meeting)

- 6.1.a. Delegation Request amended

Note: The delegate has asked that the request be changed from today's meeting, to a future meeting of the Board of Health

- 6.2. Delegation Request from Madeleine Verhovsek respecting Structural Reform of the Board of Health (for a future meeting)

- 6.2.a. Delegation request amended

Note: The delegate has asked that the request be changed from today's meeting, to a future meeting of the Board of Health

## **7. CONSENT ITEMS**

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

- 7.2. Hamilton Drug Strategy 2020 Year End Report(BOH21002) (City Wide)

## **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**

## **11. MOTIONS**

## **12. NOTICES OF MOTION**

## **13. GENERAL INFORMATION / OTHER BUSINESS**

## **14. PRIVATE AND CONFIDENTIAL**

## 15. ADJOURNMENT



## BOARD OF HEALTH MINUTES 21-001

9:30 a.m.

Monday, January 11, 2020

Council Chambers

Hamilton City Hall

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

**Absent with  
Regrets:** Councillors B. Clark and T. Whitehead – Personal

### THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

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

**(Ferguson/Johnson)**

- (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.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
ABSENT	-	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 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:

**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)

**(Partridge/Merulla)**

That the agenda for the January 11, 2021 Board of Health be approved, as amended.

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

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
ABSENT	-	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) December 7, 2020 (Item 4.1)**

**(Johnson/VanderBeek)**

That the Minutes of the December 7, 2020 meeting of the Board of Health be approved, as presented.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
ABSENT	-	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) Overview of COVID-19 Activity in the City of Hamilton 11 Mar to Present (Item 9.1)**

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.

**(Pauls/VanderBeek)**

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 14 to 0, as follows:**

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



YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

**(g) GENERAL INFORMATION / OTHER BUSINESS (Item 13)**

**(i) Amendments to the Outstanding Business List (Item 13.1)**

**(Wilson/Jackson)**

That the following amendments to the Outstanding Business List be approved, as presented:

**(a) Items with Revised Due Dates (Item 13.1(a))**

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

Due Date: September 2020  
Revised Due Date: April 2021

- (ii) 2016-A : Hamilton Airshed Modelling System (BOH18016) (City Wide) (April 16, 2018, Item 7.1) (13.1(ab))

Due Date: December 2020  
Revised Due Date: Q2 2021 - Work with vendor has been suspended due to COVID19

- (iii) 2019-H : Hamilton Millennial Survey Study – Employment Precarity (April 15, 2019 19-004 , Item 8.1) (Item 13.1(ac))

Due Date: January 2021  
Revised Due Date: March 2021

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

Due Date: September 2020  
Revised: On Hold - Work suspended due to COVID19

- (v) 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) (Item 13.1(ae))

Due Date: December 2020

Revised: On Hold - Work was suspended due to COVID19

- (vi) 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) (Item 13.1(af))

Due Date: September 2020  
Revised Due Date: May 2021

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

Due Date: December 2020  
Revised Due Date: Feb 2021

- (viii) 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) (Item 13.1(ah))

Due Date: Feb 2021

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

Due Date: May 2021

**(b) Items to be Removed (Item 13.1(b))**

- (i) 2019-W: Ontario Ministry of Health Discussion Paper: Public Health Modernization (December 2, 2019, 19-012, Item 10.2) (Item 13.1(ba))

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

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins

YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
ABSENT	-	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

**(h) ADJOURNMENT (Item 15)**

**(Danko/Merulla)**

That, there being no further business, the Board of Health be adjourned at 11:58 a.m.

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

YES	-	Mayor Fred Eisenberger
YES	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Chad Collins
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
YES	-	Ward 8 Councillor J. P. Danko
ABSENT	-	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

Respectfully submitted,

Mayor F. Eisenberger  
Chair, Board of Health

Loren Kolar  
Legislative Coordinator  
Office of the City Clerk

**Queen's Park**  
Room 359, Main Legislative Building  
Queen's Park, Toronto, ON, M7A 1A5  
Tel: 416-325-6908 | Fax: 416-325-7030  
email: psattler-qp@ndp.on.ca



**Constituency Office**  
240 Commissioners Rd W, Unit 106  
London, ON, N6J 1Y1  
Tel: 519-657-3120 | Fax : 519-657-0368  
email: psattler-co@ndp.on.ca

## **Peggy Sattler MPP**

London West

Dr. Elizabeth Richardson, Medical Officer of Health  
Mr. Fred Eisenberger, Chair  
Hamilton Public Health Board of Health

January 25, 2021

Dear Dr. Richardson, Mr. Eisenberger and Members of the Board of Health:

Recent months have seen a growing chorus of calls from public health experts, municipal leaders and workers' advocates across Ontario for paid sick days to help limit the spread of COVID-19. As MPP for London West, I am writing to let you know about the Private Member's Bill I introduced in the Ontario Legislature on December 8, 2020, the *Stay Home If You Are Sick Act*, which will provide permanent paid sick days for Ontario workers during the pandemic and beyond. This legislation, Bill 239, can be accessed here: [www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239](http://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239).

The pandemic has highlighted the urgent need for access to paid sick days for Ontario workers. Workplaces are now the second-most common site of COVID-19 transmission, but many workers, especially if they are low-wage, do not have the choice to miss work because they cannot afford to give up their pay. The workers who are least likely to have paid sick days often work in occupations or sectors that are at high risk of COVID-19. Without access to paid sick days, these workers are forced to choose between paying the bills and providing for their families, or losing their income to protect their co-workers, customers and communities.

Bill 239 prevents Ontario workers from having to risk their own financial security in order to follow public health advice. The bill amends the *Employments Standards Act* to provide up to 14 days of paid Infectious Disease Emergency Leave and up to seven days of paid Personal Emergency Leave for illness, injury, bereavement, or family care, and eliminates the requirement for a doctor's note. The bill also calls for the establishment of a financial support program to help employers experiencing hardship with the cost of delivering Infectious Disease Emergency Leave and to transition to the implementation of regular paid sick days. The bill will fill in some of the gaps of the temporary Canada Recovery Sickness Benefit, which excludes many workers and does not protect against the immediate loss of income that makes it impossible for so many workers to stay home if they are sick.

I respectfully request that the Hamilton Public Health Board of Health review this letter at your next Board meeting, and ask for your support in principle for Bill 239. The bill draws on the expertise and research of health care professionals from the Decent Work and Health Network, and has been endorsed by the Ontario Federation of Labour and the Ontario Chamber of Commerce. It will be debated at second reading after the Ontario Legislature resumes on February 16, 2021. Your endorsement would further demonstrate the breadth of support for paid sick days across Ontario, and help advance this important health equity measure and essential public health policy to reduce the spread of COVID-19 and other infectious diseases.

Thank you for your consideration. Please don't hesitate to let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Sattler".

Peggy Sattler, MPP  
London West

**Subject:** 2021 COVID-19 Extraordinary Costs

Please find attached a memo dated January 13, 2021 from the Honourable Christine Elliott, Deputy Premier and Minister of Health, regarding 2021 COVID-19 extraordinary costs.

If you have any questions, please contact Liz Walker, Director, Accountability and Liaison Branch, at 416-212-6359 or by email at [Elizabeth.Walker@ontario.ca](mailto:Elizabeth.Walker@ontario.ca).

Regards

David

David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health

e-mail address: [Dr.David.Williams@ontario.ca](mailto:Dr.David.Williams@ontario.ca)

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

777 Bay Street, 5<sup>th</sup> Floor  
Toronto ON M7A 1N3  
Telephone: 416 327-4300  
Facsimile: 416 326-1571  
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre  
et du ministre de la Santé

777, rue Bay, 5<sup>e</sup> étage  
Toronto ON M7A 1N3  
Téléphone: 416 327-4300  
Télécopieur: 416 326-1571  
www.ontario.ca/sante



January 13, 2021

**MEMORANDUM**

**TO:** Chairpersons, Boards of Health  
Medical Officers of Health, Public Health Units  
Chief Executive Officers, Public Health Units

**RE: 2021 COVID-19 Extraordinary Costs**

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Ontario's public health system has demonstrated remarkable responsiveness to COVID-19, as the outbreak has evolved locally and globally. The government acknowledges the extraordinary and continuing efforts of the public health sector, including public health units, to monitor, detect, and contain COVID-19 in the province.

For the 2021 funding year, public health units are expected to take all necessary measures to continue to respond to COVID-19 in their catchment areas, support the Ministry of Health in the provincial roll-out of the COVID-19 Vaccine Program, and continue to maintain critical public health programs and services as identified in Board of Health approved pandemic plans.

As the COVID-19 response continues, we do anticipate that many public health units will continue to incur additional expenses to support these efforts. In recognition of these unique circumstances, we want to assure you that there will be a process for public health units to request reimbursement of COVID-19 extraordinary costs incurred in 2021. Similar to previous processes, we ask that these costs be those over and above what can be managed from within the budget of the Board of Health, and that you continue to track these costs separately.

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

Sincerely,

A handwritten signature in black ink that reads 'Christine Elliott'.

Christine Elliott  
Deputy Premier and Minister of Health

c: Dr. David Williams, Chief Medical Officer of Health  
Associate Medical Officers of Health, Public Health Units  
Business Administrators, Public Health Units

**Request to Speak to Committee of Council**

Submitted on Wednesday, January 20, 2021 - 10:23 am

==Committee Requested==

**Committee:** Board of Health

==Requestor Information==

**Name of Individual:** Lyndon George

**Name of Organization:**

**Contact Number:** [REDACTED]

**Email Address:** [REDACTED]

**Mailing Address:** [REDACTED]  
[REDACTED]

**Reason(s) for delegation request:**

Discuss the need for structural reform at Hamilton Board of Health. The need for including community voices to the board.

**Will you be requesting funds from the City?** No

**Will you be submitting a formal presentation?** Yes



## Request to Speak to Committee of Council

Submitted on Wednesday, January 20, 2021-10:04pm

==Committee Requested==

Committee: Board of Health

==RequestorInformation==

Name of Individual: Madeleine Verhovsek

Name of Organization:

Contact Number: [REDACTED]

Email Address: [REDACTED]

MailingAddress:

[REDACTED]

Reason(s) for delegation request: To discuss structural reform at Hamilton Board of Health, and inclusion of community voices to the Board

Will you be requesting funds from the City?No

Will you be submitting a formal presentation?No



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	February 19, 2021
<b>SUBJECT/REPORT NO:</b>	2020 Board of Health Self-Evaluation Survey Results (BOH20021(a)) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Chelsea Kirkby (905) 546-2424 Ext. 3539
<b>SUBMITTED BY:</b>	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

Not Applicable.

## INFORMATION

The purpose of this report is to summarize the results from the Board of Health Self-Evaluation conducted in November 2020 via online survey. As outlined in Report BOH20021, the Board of Health has engaged in a self-evaluation process every other year since 2014 to promote and foster a culture of continuous improvement. In addition to being best practice in good governance, self-evaluation is also an organizational requirement under the Ontario Public Health Standards.

In completing the self-evaluation, Board of Health members were asked to reflect on:

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

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

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

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

A total of seven out of sixteen (44%) Board of Health members completed the self-evaluation. Two out of seven (29%) identified as first term Board of Health members. Overall, Board of Health respondents agreed that the Board functions effectively and that members have enough information for decision-making. In addition, Board of Health members expressed a high degree of respect, trust and appreciation for Public Health Services (PHS) staff. The survey results are summarized below.

### **Roles and Responsibilities**

All Board of Health respondents “agreed” or “strongly agreed” that they have a clear understanding of their roles and responsibilities. The majority of respondents (71% or more) “agreed” or “strongly agreed” that the Board of Health:

- Distinguishes roles and responsibilities as an elected official and Board of Health member;
- Has adequate process for handling urgent matters between meetings;
- Has appropriate committee structure;
- Stays up to date with major developments in governance and public health best practices; and,
- Is adequately prepared to oversee an emergency.

### **Information Sharing and Decision-Making**

All Board of Health respondents agreed or strongly agreed that they understand the role data has in making informed decisions. The majority of respondents (71% or more) “agreed” or “strongly agreed” that:

- Information PHS staff provides is useful for informed decision-making;
- Adequate data is provided to make informed decisions related to public health program and service delivery; and,
- Any material notice of wrongdoing or irregularities is responded to in a timely manner.

Just over half of respondents (57%) “agreed” or “strongly agreed” that they receive adequate information to approve the PHS budget.

The majority of Board of Health respondents (71%) “agreed” or “strongly agreed” that they are satisfied with the continuing education they receive in order to fulfill their responsibilities and keep abreast of relevant trends and emerging public health issues. Two Board of Health respondents suggested that more information on population health could support Board members.

### **Board of Health Relations**

All Board of Health respondents “agreed” or “strongly agreed” that there is a climate of mutual trust and respect between the Board of Health and the Medical Officer of Health. The majority (86%) agreed or strongly agreed that there is enough time allocated for the full discussion of issues at Board of Health meetings. Just over half (57%) “agreed” or

“strongly agreed” that they would feel comfortable raising an unpopular or controversial issue.

### **Planning**

All Board of Health respondents agreed or strongly agreed that they were familiar with the Annual Service Plan & Budget. The majority (71% or more) agreed or strongly agreed that the Board of Health:

- Contributes to development of healthy public policy relevant to the Ontario Public Health Standards;
- Has a clear strategic plan for next three to five years; and,
- Considers organizational capacity when reviewing the Annual Service Plan & Budget.

### **Board of Health Strengths**

The Board of Health respondents identified several strengths of the committee, including: the contributions of the staff who inform/present/report to the committee and the ability to get more information when needed. They also highlighted the emergency response efforts and ability to mobilize during a crisis as a Board of Health strength, which is important feedback during the current pandemic.

In summary, there was a high degree of agreement among Board of Health respondents (44% of the board membership) that the board functions effectively and there is a high degree of respect and appreciation for PHS staff. There were no areas where the majority of respondents indicated a need for improvement.

In future, higher levels of engagement in the self-evaluation will help inform the development of specific recommendations regarding quality improvement initiatives for the Board of Health. At this time, PHS will continue implementing the quality improvement initiatives that were identified through the 2018 Board of Health self-evaluation, including:

- An experiential learning approach to Board of Health orientation for board members including an overview of population health data; and,
- Continued use of Board of Health reports to highlight and clarify legislated roles and responsibilities of board members.

### **APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.



Hamilton

# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	February 19, 2021
<b>SUBJECT/REPORT NO:</b>	Hamilton Drug Strategy 2020 Year End Report (BOH21002) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Melissa Biksa (905) 546-2424 Ext. 6709
<b>SUBMITTED BY:</b>	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

Not Applicable.

## INFORMATION

The Hamilton Drug Strategy is a city-wide collaboration to address the harms associated with substance use experienced by individuals, families and the community. The City of Hamilton is a partner in this strategy and provides administrative and community engagement support through a Senior Project Manager and a Health Promotion Specialist.

The goal of the Hamilton Drug Strategy is that all residents of Hamilton are free of harm due to substance use and can enjoy the best quality of life. To achieve this goal, Hamilton Drug Strategy members are collaborating to implement interventions that aim to reduce:

- Substance use related deaths;
- Substance use related overdoses;
- Youth substance use; and,
- Increase diversion from the justice system to the community.

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

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

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

Work within the Hamilton Drug Strategy is divided into four working groups. The four working groups of the Hamilton Drug Strategy are the:

- Prevention Workgroup;
- Harm Reduction Workgroup;
- Social Justice/Justice Workgroup; and,
- Treatment Workgroup.

The purpose of this report is to provide an update on the Hamilton Drug Strategy in 2020, comment on the impact of COVID-19 on substance use in Hamilton and advise the Board of Health of projected plans for moving forward with the Hamilton Drug Strategy in 2021.

### **2020 Activities**

Due to the COVID-19 pandemic the Hamilton Drug Strategy was placed on hold in April 2020 to support Public Health Service response to the COVID-19 pandemic. In August 2020, the Hamilton Drug Strategy restarted the Harm Reduction Working Group. This working group is currently meeting on a quarterly basis to share organizational updates related to overdose prevention. In addition, the quarterly newsletter was resumed to keep stakeholders informed of local updates and initiatives throughout Hamilton. The prioritized activities for each of the working groups were:

- **Prevention Workgroup:**
  - Coordinating implementation of training on positive youth development and trauma informed care for youth serving organizations;
  - Implementing standardized cannabis and vaping prevention modules for grades 5-8 classrooms; and,
  - Exploring the Icelandic model for opportunities to implement interventions.
- **Harm Reduction Workgroup:**
  - Increasing the number of individuals revived by naloxone;
  - Evaluating the community impact of the 2019 anti-stigma “See the Person” campaign; and,
  - Implementing anti-stigma training and policies and procedures for organizations.
- **Treatment Workgroup:**
  - Increasing the number of providers screening for alcohol use disorder and opioid use disorders;
  - Implementing evidence informed practices for service providers who treat clients who use Methamphetamines;
  - Implementing anti-stigma training and policies and procedures for organizations; and,

- Increasing completion of outcome measures at specified intervals in order to track effectiveness of treatment.
- **Social Justice/Justice Workgroup:**
  - Increasing the number of substance-use related cases accessing diversion programs;
  - Increasing the number of adults transitioning from the corrections system to community support programs; and,
  - Implementing pilot programs to divert individuals with substance use related to intoxication from the emergency department into withdrawal management services.

### **Impact of COVID-19 on Substance Use in Hamilton**

Problematic substance use continues to be an area of significant public health concern in Hamilton. In 2020, 3445 people visited Hamilton emergency departments for drug misuse or overdose. Among these, 42% were suspected overdoses.

In 2020, Hamilton Paramedic Services responded to fewer incidents related to suspected opioid overdoses, with 565 incidents compared to 596 in 2019. As of July 2020, there have been 67 opioid-related deaths in Hamilton. Since March 2020, with the start of the COVID-19 pandemic, there have been a higher number of fatalities associated with opioids. In November 2020, the Ontario Drug Policy Research Network published an analysis of preliminary patterns surrounding opioid-related deaths in Ontario and found that Hamilton was one of four regions in Ontario that had the largest absolute increase in opioid deaths when compared to the pre-pandemic cohort.<sup>1</sup> However, there were fewer opioid-related deaths between January to July of 2020 (67 opioid-related deaths) compared to the same period in the previous year (72 opioid-related deaths).

COVID-19 has impacted how individuals are able to use substances safely within Hamilton. Locally, there are changes to community service provision with some agencies closing to public access as a result of the provincial government guidelines. In addition, social distancing recommendations have limited the availability of social networks and safe spaces for individuals who use substances. These changes can increase the frequency of individuals using substances alone; which increases the risk of adverse events from substance use. There are also reports of an increase in the

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<sup>1</sup> Ontario Drug Policy Research Network; Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Centre on Drug Policy Evaluation. Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2020.

toxicity of the drug supply during the pandemic further impacting the safety of individuals using substances.<sup>2</sup>

### **Hamilton Drug Strategy in 2021**

The Hamilton Drug Strategy will remain on hold until at least the end of Q1 2021 in order to support the Public Health Services response to COVID-19.

Public Health Services continues to collaborate with community partners in the provision of harm reduction programming throughout Hamilton. To increase access to harm reduction supplies, Public Health Services has worked to expand the provision of harm reduction supplies at community agencies throughout Hamilton, expand daytime hours on the needle exchange van and increase community partners providing naloxone. Public Health Services staff are also continuing to work on an application for a second consumption and treatment services (CTS) site in Hamilton.

In addition, the Public Health Services early warning system continues to operate on a weekly basis. This system monitors and surveys community partners on a weekly basis and along with Emergency Medical Services call data allows Public Health Services to identify emerging trends within the community to notify providers.

In closing, problematic substance use remains an area of public health concern in Hamilton. Hamilton Public Health Services will continue to collaborate with community partners to address challenges that arise due to the COVID-19 pandemic and is committed to re-engaging the Hamilton Drug Strategy stakeholders to continue planned activities in 2021.

### **APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.

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<sup>2</sup> Ontario Drug Policy Research Network; Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service; Ontario Agency for Health Protection and Promotion (Public Health Ontario); Centre on Drug Policy Evaluation. Preliminary Patterns in Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic. Toronto, ON: Ontario Drug Policy Research Network; 2020.





# Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health  
February 19, 2021

# Overview

1. Overall Status Update
2. Provincial Response Framework & Metrics
3. COVID-19 Situation Report
  - Case Activity
  - Outbreak Activity
4. Hamilton COVID-19 Response Table Updates
5. Targeted Rapid Testing in Schools
6. COVID-19 Vaccine Update






# Overall Status

- COVID-19 case activity is decreasing in Hamilton; however, variants of concern remain a significant threat
- Approach to case and contact management has been revised in accordance with the provincial interim guidance, including:
  - Increased sensitivity to identifying close contacts
  - Immediately testing all close contacts
  - Testing all close contacts around day 10 of their 14-day quarantine
  - All household members of a close contact of a positive case will be required to stay home except for essential activities
  - All household contacts of symptomatic individuals are required to quarantine until a negative result has been confirmed

# Overall Status

- Collection of social determinants of health data will resume February 22, 2021
- Vaccination program has really just begun. As of end of day February 16, 2021 there were 25,593 doses administered across the City.
- Focus will continue to be on Ministry of Health prioritized groups through Phase 1 and 2 (phase 2 runs to August)
- Continuing to follow public health measures is vital as these are the best protection against the variants of concern

# Provincial Response Framework Indicators

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

# Returning to Red-Control Category

- Limits for all organized public events and social gatherings:
  - 5 people indoors
  - 25 people outdoors
- Restaurants can reopen with capacity limits of 10 patrons indoors
- Sports and recreational fitness facilities may reopen with capacity limits
- Retail establishments may reopen with capacity limits and screening:
  - 75% for supermarkets and other stores that primarily sell groceries, convenience stores, pharmacies
  - 50% for all other retail
- Most personal care services may reopen



**CONTROL**  
(Stringent Measures)

# Provincial Response Framework Indicators

## Epidemiology

	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)	Trend
Weekly incidence rate/100,000	71.4	49.1	39.4	↓
% positivity	2.6%	2.3%	1.9%	↓
Effective reproductive number ( $R_e$ )	0.78	0.88		--
% of community-acquired cases	24.9%	25.5%	28.7%	--
<p>Outbreak activity has decreased but continues in long-term care homes, retirement homes, workplaces, and congregate settings.                      Total of 17 active outbreaks; 4 outbreaks &gt; 10 cases. <span style="color: red;"> </span></p>				

## Public Health System Capacity

	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)	Trend
% newly reported cases reached within 1 day of reported date	96.6%	93.9%	92.0%	--
% newly identified close contacts reached within 1 day of contact ID date	92.9%	88.2%	84.0%	--

# Provincial Response Framework Indicators

## Health System Capacity

	Hospital	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)
Overall adult acute medicine & surgical hospital occupancy/funded acute beds	SJHH	83%	89%	89%
	HHS	90%	93%	97%
Overall adult acute alternate level of care (ALC) hospital occupancy/funded acute beds	SJHH	24%	27%	23%
	HHS	18%	18%	17%
Overall adult critical care occupancy/funded intensive care unit (ICU) beds	SJHH	74%	89%	74%
	HHS	86%	87%	91%

**SJHH:** St. Joseph's Healthcare Hamilton

**HHS:** Hamilton Health Sciences



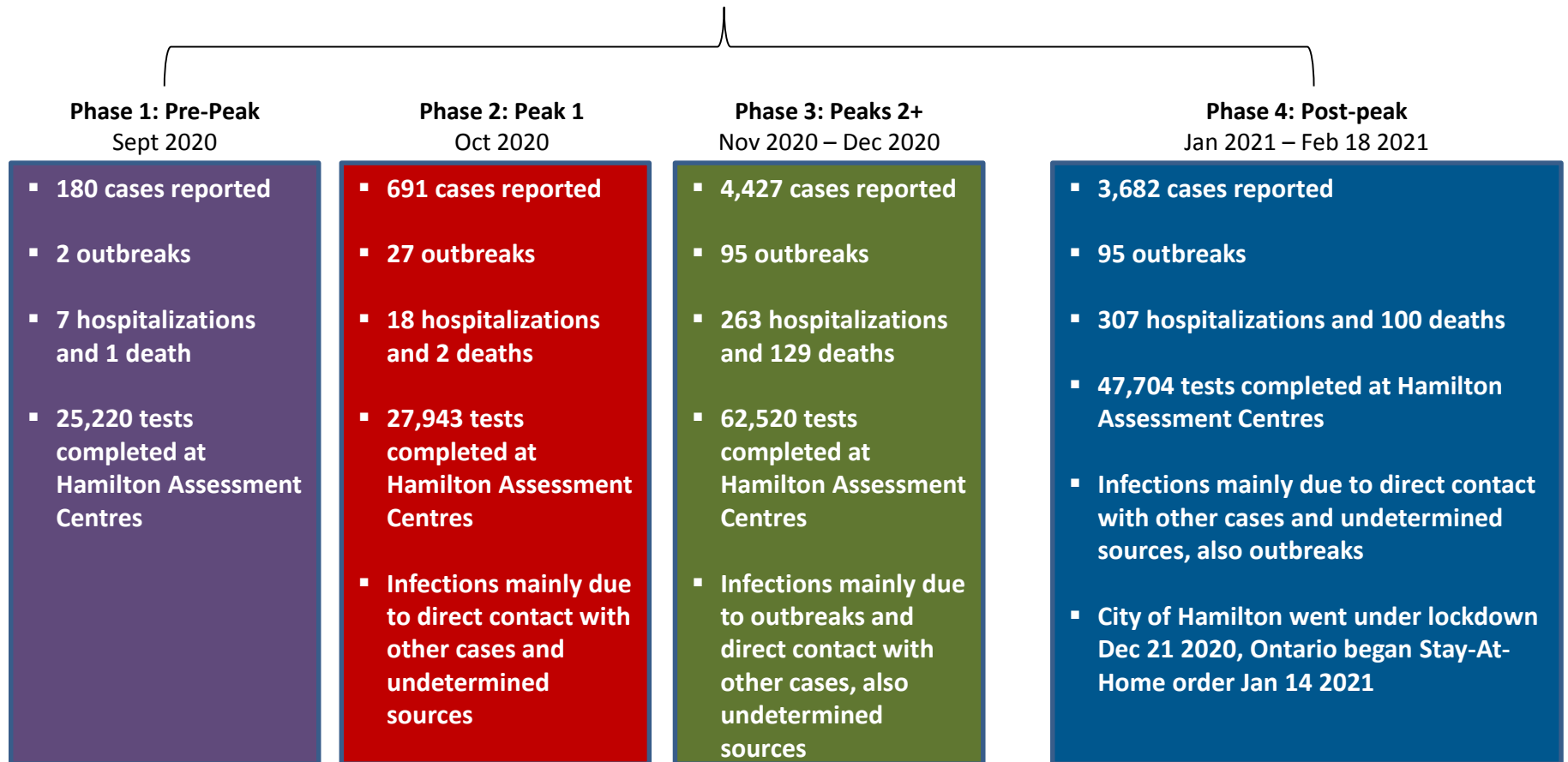
# Additional Local Indicators

	Previous (Feb 4)	Previous (Feb 11)	CURRENT (Feb 18)	Trend
Mental health-related emergency department visits	157	123	173	--
Substance misuse-related emergency department visits	67	76	67	--
Paramedic incidents for suspected opioid overdose	17	15	14	↑
Violence-related emergency department visits	0	3	7	--
Police response to domestic violence	141	120	131	--
Social impacts and environmental exposure-related emergency department visits	25	18	17	--

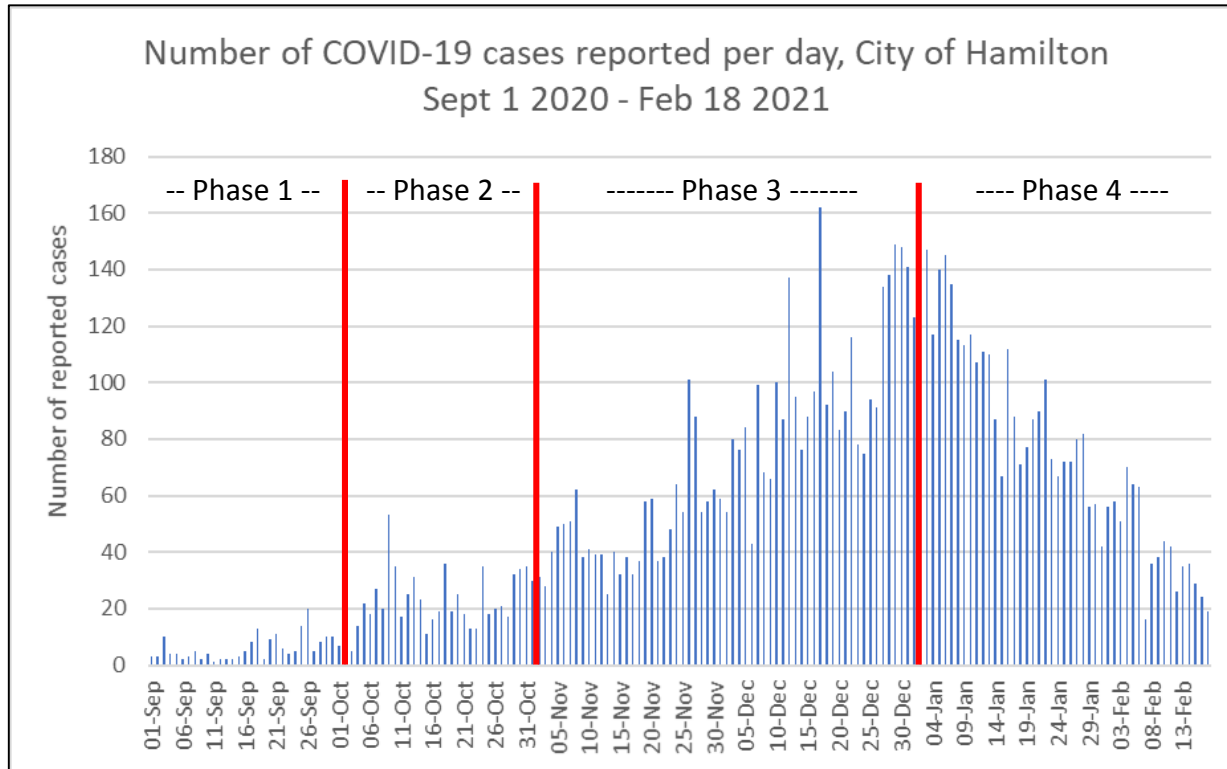
	Stable or decreasing trend below historical threshold
	Increasing trend for several weeks
	Increasing trend and above historical threshold
	Not available

# Phases of COVID-19 in Hamilton

## Wave 2



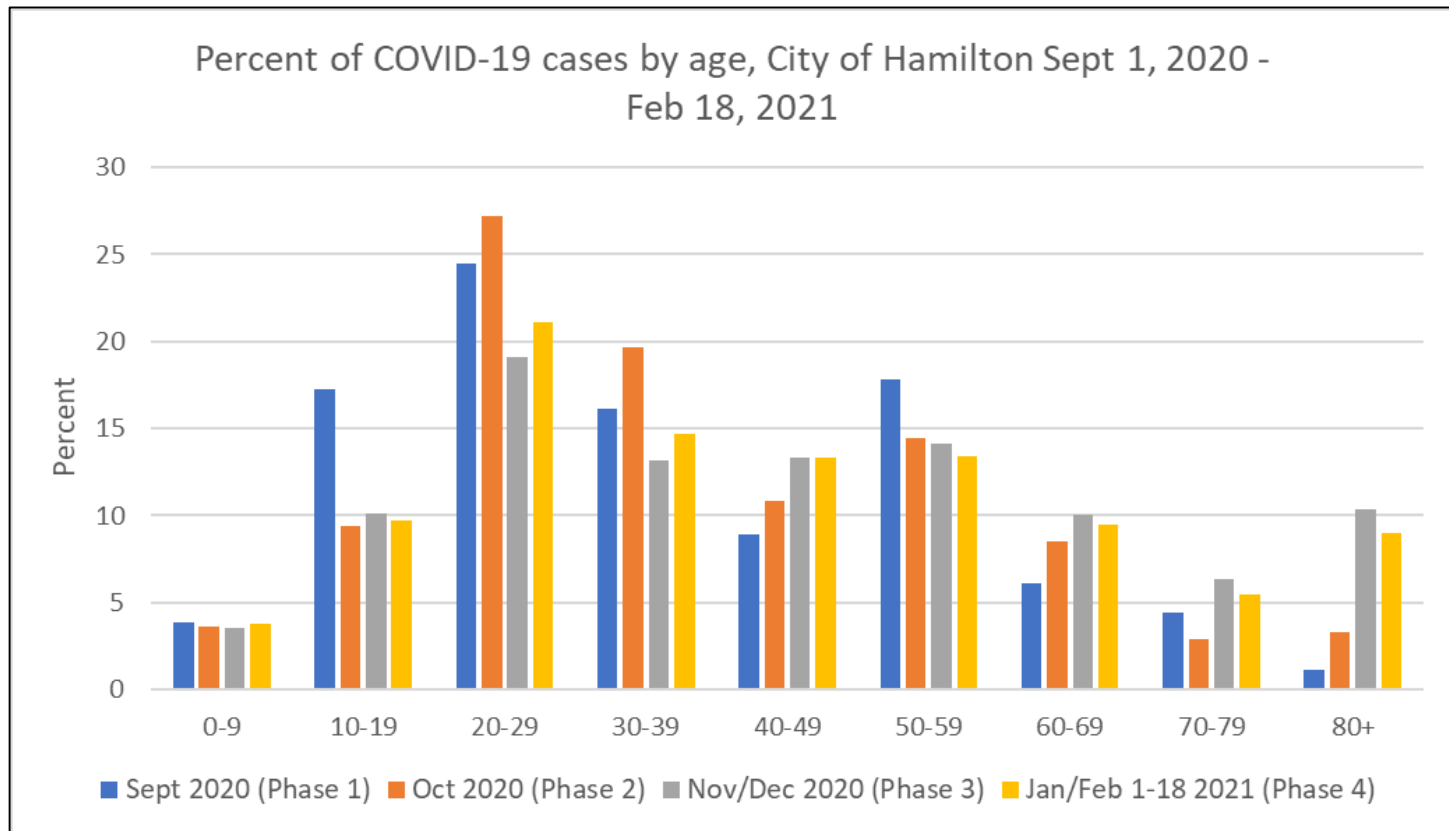
# Reported cases



## Key Messages

- COVID-19 case activity increased drastically in the City of Hamilton between phases 1-3 of wave 2, and is now steadily decreasing
- As of Feb 18, 2021, the average number of cases reported per day to Hamilton Public Health is 34

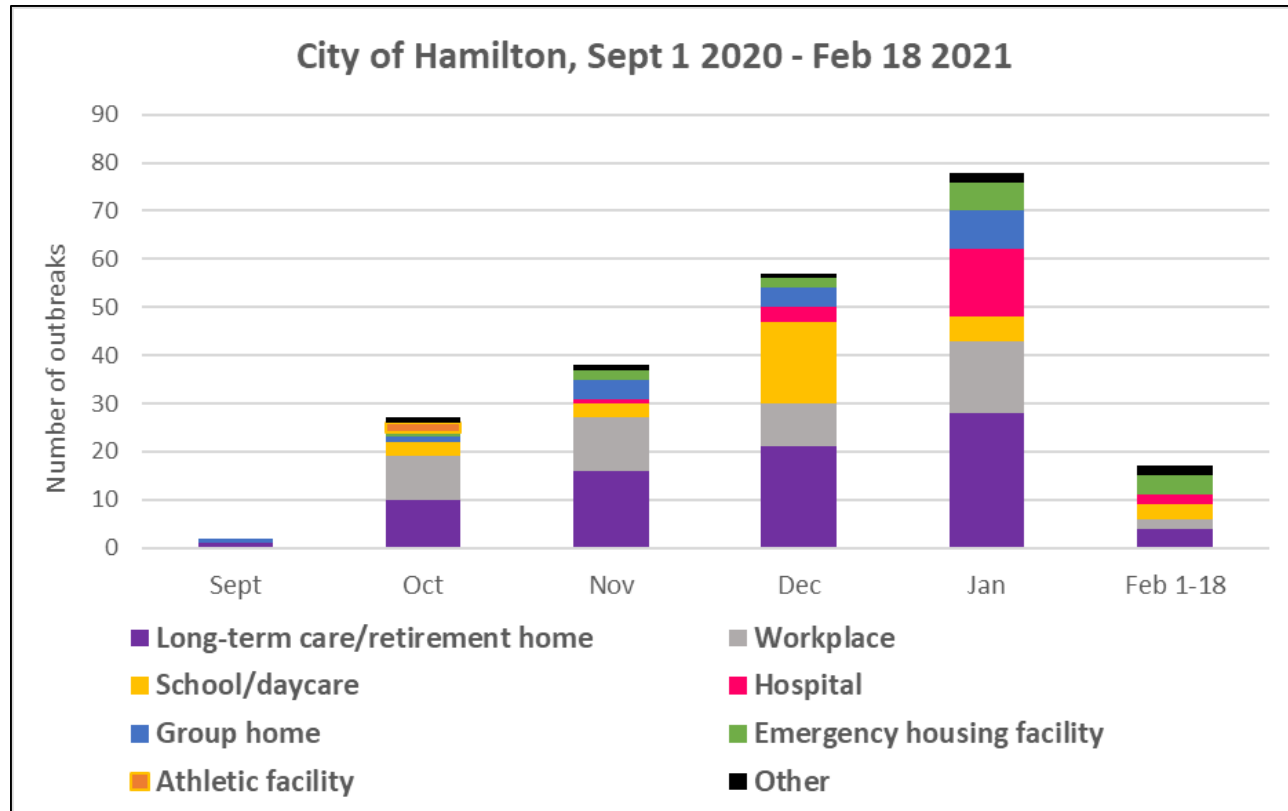
# Age distribution



## Key Messages

- Overall, the highest percentage of cases occurred in the 20-29 year age group
- Over the course of wave 2, there has been a noticeable rise in the percentage of cases in the 80+ year age group. It has been established mortality is related to increasing age.

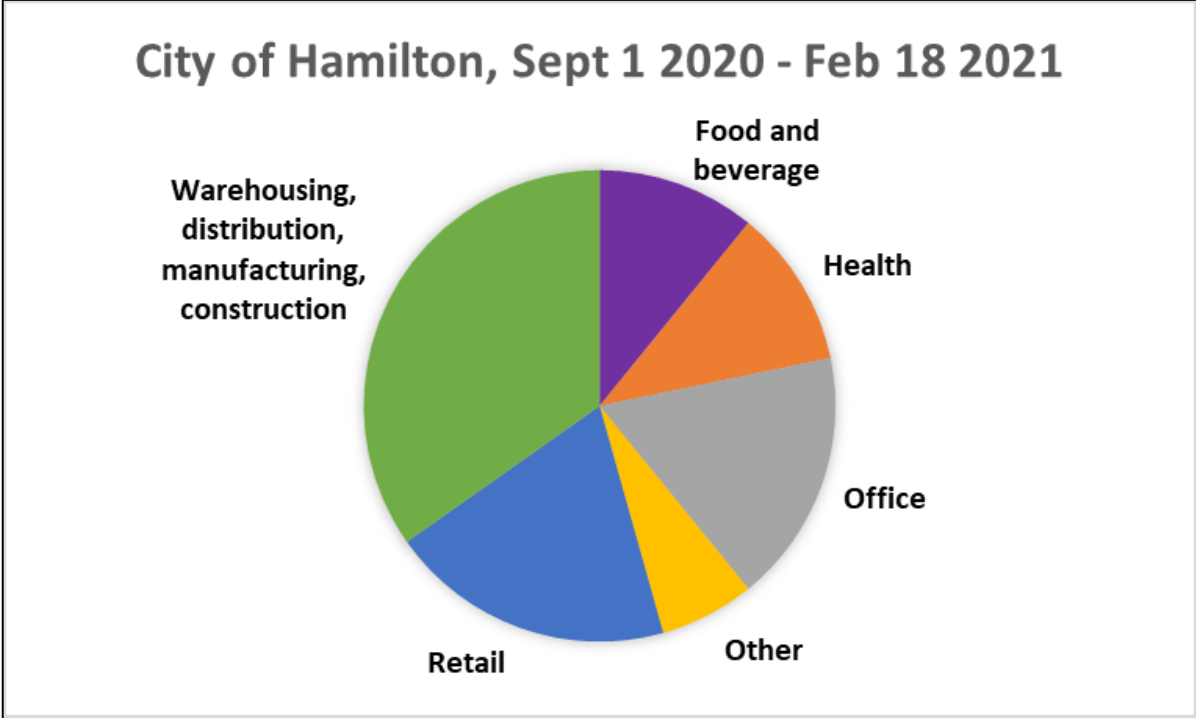
# Number of COVID-19 outbreaks by facility type



## Key Messages

- A shift in affected facility types occurred throughout wave 2
- An increase in school/daycare outbreaks was observed in December 2020, an increase in hospital outbreaks was observed in January 2021, and an increase in retirement home outbreaks was observed in December 2020 & January 2021

# Number of COVID-19 workplace outbreaks by type



## Key Messages

- A total of 46 COVID-19 workplace outbreaks have occurred in Hamilton during wave 2 thus far
- Outbreaks were most commonly identified in warehousing/distribution/manufacturing/construction settings

# COVID-19 outbreak cases by facility type (Sept 1, 2020 – Feb 18, 2021)

Facility type	Total # outbreaks	Total cases	Staff cases	Resident/ patient/patron/ student cases	Visitor/other cases	Deaths
Long-term care/retirement home	80	1,110	468	623	19	141
Workplace	46	253	244	9	0	1
School/daycare	31	95	47	48	0	0
Hospital	20	423	206	215	2	30
Group home	18	49	35	14	0	1
Emergency housing facility	15	45	18	27	0	0
Athletic facility	2	79	3	76	0	0
Other	7	77	28	45	4	3
<b>Total</b>	<b>219</b>	<b>2,131</b>	<b>1,049</b>	<b>1,057</b>	<b>25</b>	<b>176</b>

## Key Messages

- The largest proportion of outbreak-associated cases in wave 2 thus far have been in long-term care/retirement homes (N=1,110)
- The number of cases per outbreak high for long-term care/retirement homes and hospitals, low for workplaces and schools/daycares

# Hamilton COVID-19 Response Table Update

- Hamilton Paramedic Services to provide pop-up testing sites in priority neighbourhoods.
- Developed partnership with local hotel to provide isolation space for community members with COVID-19 who cannot effectively isolate at home.
- Health care worker accommodations available at McMaster University for those who would like to live away from home due to potential exposure risk.
- Ongoing support to congregate settings in crisis.



# Targeted Rapid Testing in Schools

- Schools chosen because they are situated in neighbourhoods where:
  - the uptake of testing is low
  - COVID-19 rates are higher
  - history of school outbreaks
- Targeted rapid COVID-19 testing was offered at two Hamilton schools on February 13, 2021
  - Bishop Ryan Catholic Secondary School
  - Orchard Park Secondary School
- Total of 86 rapid antigen tests completed; no positive results
- Next steps to be determined

# COVID-19 Vaccine Update – Overview

1. Update on Vaccines Administered - Data
2. Planning Assumptions
3. Vaccination Approach
4. Updated Vaccine Sequencing
5. Risks
6. Efficacy in long-term care homes and retirement homes
7. Next Steps

# Data Updates

- As of end of day February 16, 2021 there were 25,593 doses administered
- Approximately 9,060 of these are second doses.
- Currently, the City's website displays some preliminary COVID-19 data, the information will continue to expand and change as capability and availability expands.
  - Total doses administered
  - Total doses administered (by site)
  - Number of COVID-19 vaccine doses administered by client reason for vaccination

# Update on Vaccine Administration in LTCH/RH

- Mobile site clinic is currently vaccinating residents in long-term care and high-risk retirement homes, retirement homes and alternative level of care (ALC) patients preparing to enter long-term care homes.
- We have visited 42 homes and have 20 left to complete.

# Moving Forward: Overall Planning Assumptions

- Plan is evergreen; planning must be flexible, adaptable
- Uncertain vaccine supply, timelines, products available
- Currently plan assumes 2 doses are required
- Local and regional planning will align with provincial prioritization framework/tools/guidance;
- COVax is mandatory and will be available to support IT requirements; concerns around registration and scheduling
- Regular engagement with broad range of stakeholders, transparent communication and decision making required
- Additional vaccination sites will be implemented beginning in March 2021 (dependent on available vaccine supply, equipment, staffing, appropriate clinic sites & size)

# HAMILTON COVID-19 VACCINATION PLAN: OVERVIEW

TIMING OF VACCINE ROLLOUT (INCLUDING DATES OF EACH PHASE & CLINIC OPERATION) ARE SUBJECT TO CHANGE & ARE DEPENDENT ON PROVINCIAL DIRECTION AND/OR AVAILABLE SUPPLY OF VACCINE

Dec 2020 > Jan 2021 > Feb 2021 > Mar 2021 > Apr 2021 > May 2021 > Jun 2021 > Jul 2021 > Aug 2021 > Beyond

PHASE

Provincial Phase 1: High-Risk Population Vaccination

Provincial Phase 2: Increasing Scale of Delivery of Vaccine

Provincial Phase 3: Steady State

## Provincial Priority Populations by Phase

DESCRIPTION

### Phase 1 Immediate Priority (*In Progress*)

- Staff, essential caregivers, residents in long-term care, high-risk retirement homes
- Alternate level of care (ALC) patients preparing to enter long-term care
- Highest Priority followed by Very High Priority health care workers
- Indigenous adults in high risk communities

### Phase 1 Next Priority

- Adults 80 years of age and older
- Staff, residents, caregivers in retirement homes, congregate care settings for seniors
- High Priority health care workers
- All Indigenous adults
- Adult recipients of chronic home care

### Phase 2

- Continue Phase 1 Priority Populations
- Older Adults (60 – 79)
- Staff, residents of high-risk congregate settings (e.g. shelters, community living)
- Frontline essential workers
- Individuals with high-risk chronic conditions and caregivers
- At-risk populations
- Adults 16 - 60

### Phase 3

- Remaining Hamiltonians in the general population who wish to be vaccinated will receive the vaccine

## Vaccination Modalities

TIMING

Large Scale Clinics

Mobile & On-Site Clinics

Primary Care & Pharmacy Clinics

DESCRIPTION

### Large Scale Clinics

Hamilton Health Sciences Large Scale Clinic  
St. Joseph's Healthcare Hamilton Large Scale Clinic  
Additional Public Health Large Scale Clinics



Anticipated Throughput: 8,400 doses / day at peak

Supports large scale vaccination of the

### Mobile & On-Site Clinics

Mobile Bus Clinics  
Pop-Up Facility Clinics  
Rolling Clinics  
Drive Through Clinics



Anticipated Throughput: 750 doses / day at peak  
Provides vaccination through accessible channels

### Primary Care & Pharmacy Clinics

Primary care practice-based vaccinations  
Pharmacy-based vaccinations



Anticipated Throughput: >1,000 doses / day at peak  
Provides vaccination through usual channels

## Local Vaccination Targets: Assumptions

To achieve a vaccine coverage level of **at least 75%** of eligible Hamiltonians, the following assumptions have been made to supporting planning:

Description	Number
2021 Hamilton Population $\geq$ 16 Years Old <sup>1</sup>	501,268
% Uptake to be Achieved	75%
Eligible Population to be Vaccinated (75%)	375,951
# Vaccinated by February 28, 2021	30,000
<b>Remaining Population to be Vaccinated as of March 1, 2021</b>	<b>345,951</b>
<b>Total Doses Required <sup>2</sup></b>	<b>691,902</b>

### Footnotes

1) Source: Ontario Ministry of Finance

2) Assumes two doses of vaccine required based on available products; as additional products become available plan will be amended

## Local Vaccination Target: Throughput by Clinic Type

To administer a total of at least **10,000 doses of vaccine per day**, the following distribution channels would be used:

Clinic Type	Potential Throughput
Large Scale Clinics (5) - Centrally located, near bus routes	~8400 / day
Mobile / On-Site Clinics - Suburban and rural areas (eg Waterdown, Binbrook, Dundas) - Targeted, less mobile, lower access populations	~750 / day
Pharmacy – once have suitable vaccine	~1000 / day
Primary Care – once have suitable vaccine	<i>Throughout participate in vaccination at above sites</i>
<b>Total</b>	<b>~10,150 / day</b>



# Mobile/On-Site Clinic: Potential Modalities

## Pop-Up Facility Clinics

- Mobile clinics held at facilities with enough space to accommodate a safely distanced clinic
  - i.e., retirement homes, libraries, rec-centres, correctional facility
- Target Population lower social determinants of health, rural, urban indigenous, retirement/nursing homes, senior centres, Barton Correctional, On-Site Primary Care clinics

## Rolling Clinic

- Mobile clinics where a “bus” filled with vaccinators stops at locations grouped together. The bus will drop a pair of vaccinators to a home and move to the next. Once all pairs are dropped off it return to pick up the first pair who would have completed aftercare by then.
- Target Population: Home care recipients living alone, residential care facilities, other congregate settings

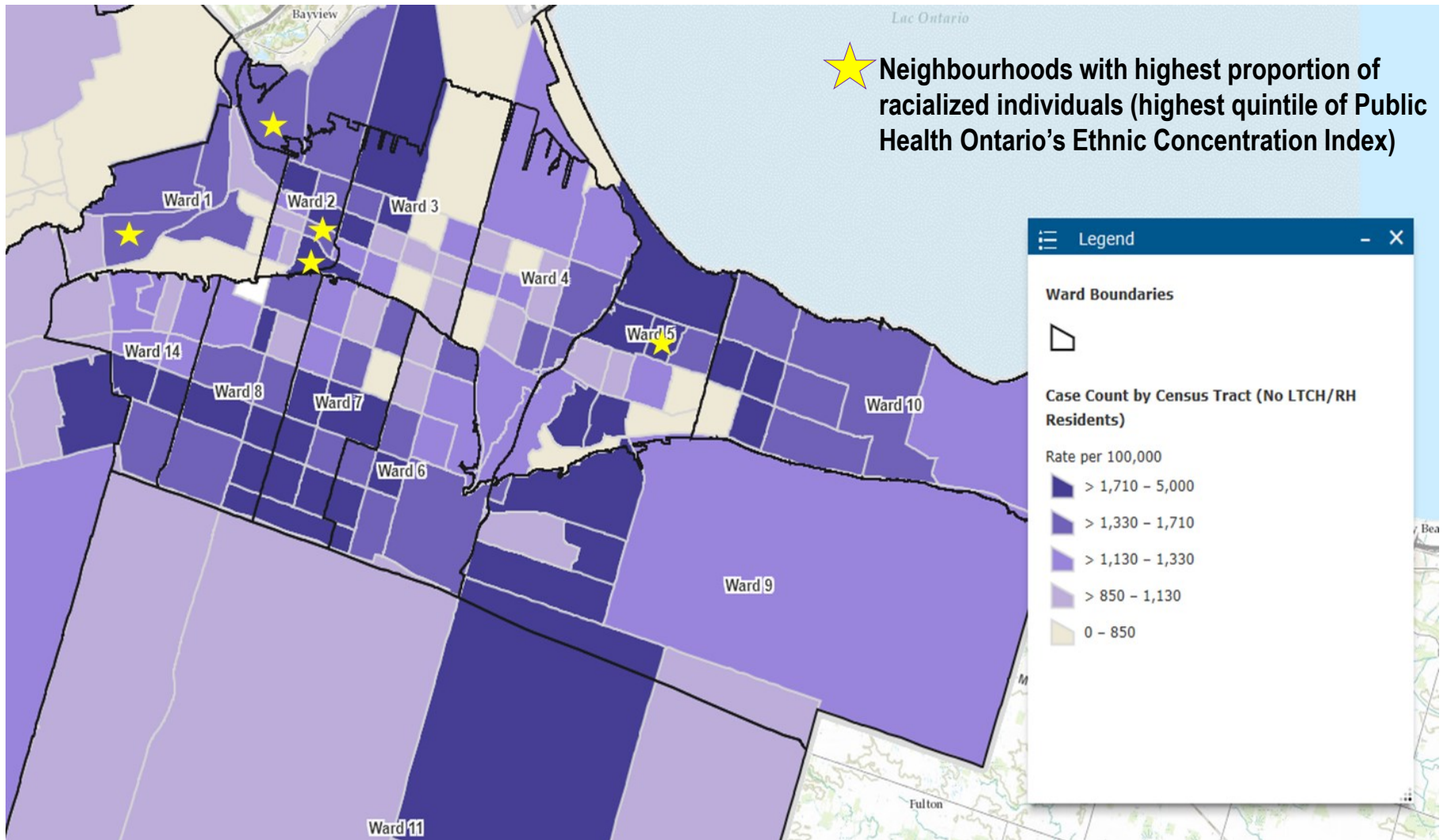
## Mobile Bus Clinics

- Mobile clinics held on a clinical bus, driven to different locations. Used when targeting many locations with very small populations
  - i.e., Cancer care bus, retrofitted HSR bus
- Target Population: Shelter health, consumption site, farm with temporary foreign workers, residential care facilities, other congregate settings

## Drive Through Clinics

- Fixed site clinic located in a space that could accommodate many cars
- Target Population: lower social determinants of health, rural, urban indigenous, home care recipients who have access to a vehicle and can leave the home

# COVID-19 Incidence Rates



# Large Scale Clinics: Planning Overview

Planning underway for up to 5 Large Scale Clinic sites across the City:

Organization	Location	Potential Throughput
Hamilton Health Sciences	Health Care Site/ North End	~1200 / day
St. Joseph's Healthcare Hamilton W5th	Mountain	~2000 / day
Hamilton Public Health	Downtown	~3700 / day*
Hamilton Public Health	East End	~1500 / day
<b>Total</b>	<b>5 Locations</b>	<b>~8,400 / day</b>
*Totals per clinic site and per mobile site is dependent upon supply and best solution to reach population		

# Primary Care

## Primary Care Distribution Channels

- Primary Care to continue to support large scale & mobile clinics
- Potential to provide targeted primary care based clinics to support mass vaccination efforts for specific populations in combination with the mobile clinic planning team
- Practice-based vaccination to occur in later phases once single dose vaccinations available
- Significant number of physicians available to support overall workforce (>150)

## Pharmacy Distribution Channels

- Local meeting with 40+ community pharmacists held February 8th
- Estimated throughput ~1000 per day across the City; individual pharmacies estimate 40-100 clients/day
- Pharmacy working group in development to support further planning
- Survey out to wider pharmacy group in Hamilton to understand pharmacy clinic size, staffing requirements, equipment available, throughput estimates
- Pharmacy staff, students interested in participating in large scale and mobile clinic work force

# Priority Populations for Vaccine

## Immediate priority for first-dose vaccination:

- Staff and essential caregivers in long-term care homes, high-risk retirement homes and First Nations elder care homes, and any residents of these settings that have not yet received a first dose of vaccine.
- Alternative level of care patients in hospitals who have a confirmed admission to a long-term care home, retirement home or other congregate care home for seniors.
- Highest Priority health care workers, followed by Very High Priority health care workers, in accordance with the Ministry of Health's guidance on Health Care Worker Prioritization.
- Indigenous adults in northern remote and higher risk communities (including on-reserve and urban communities).

# Next Priority for Vaccine

## Next priority for first-dose vaccination:

- Adults 80 years of age and older.
- Staff, residents and caregivers in retirement homes and other congregate care settings for seniors (e.g., assisted living).
- Health care workers in the High Priority level, in accordance with the Ministry of Health's guidance on Health Care Worker Prioritization.
- All Indigenous adults.
- Adult recipients of chronic home care.

# Overall Risks

- Significant staffing required to support operation of clinics;
- Significant IT support required across all delivery channels; provincial registration/booking process to be confirmed. Local solution to be implemented in the interim;
- Clinics require appropriate space to ensure public health measures adhered to; assumes available space for operation of these clinics within anticipated timelines to achieve targets
- Supply is not certain; there is risk that clinics and timelines must be adapted dependent on vaccine supply and product type
- Sequencing of populations determined provincially; processes will need to be adapted as further information is received about subsequent phases



# Vaccine in Long-Term Care Homes and Impact on Outbreaks

Overall it's too early to determine vaccination impact on long-term care home outbreaks

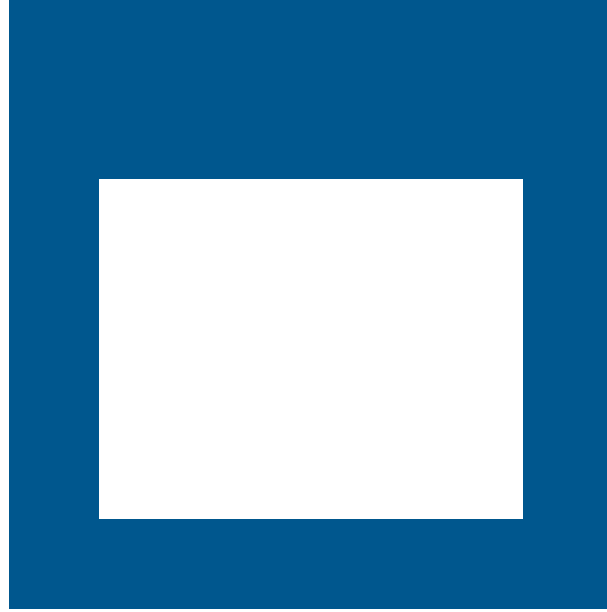
In Hamilton on long-term care home outbreaks have had relatively lower transmission since vaccination has began, but:

- also lower community rates of COVID-19 due to Lockdown/ Stay at Home Order
- continued focus on infection prevention and control in these settings
- second dose of vaccine has only been recently completed in many homes
- 94-95% effectiveness of vaccination seen after 7 days of second dose

# Next Steps

## Further work to refine vaccination plan

- Large scale clinic planning (timing of implementation, securing space, target populations dependent on sequencing direction, supply)
- Review overall staffing requirements & recommend coordinated approach for large scale, mobile/on-site clinics
- Pharmacy clinic planning underway
- Confirm required doses, supplies/equipment for all clinics by phase and populations; Validate associated supply and inventory management processes required by clinic and delivery site
- Identify and support IT requirements across clinic sites, types



QUESTIONS?