



City of Hamilton
BOARD OF HEALTH
AGENDA

Meeting #: 21-012
Date: December 6, 2021
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall (CC)

All electronic meetings can be viewed at:

City's Website:
<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

City's YouTube Channel:
<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

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

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. November 15, 2021

5. COMMUNICATIONS

5.1. Correspondence from the Hon. C. Elliot, Minister of Health respecting to New Base Funding to Address the Waitlist and Times for Child and Youth Mental Health Services

Recommendation: Be received

6. DELEGATION REQUESTS

- 6.1. Kayla Hagerty, respecting the Impact of the COVID-19 Pandemic on Opioid Epidemic in Canada (for a future meeting)

7. CONSENT ITEMS

- 7.1. Public Health Inspections of Consumption and Treatment Services Sites (BOH21013) (City Wide)

8. STAFF PRESENTATIONS

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

9. PUBLIC HEARINGS / DELEGATIONS

10. DISCUSSION ITEMS

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT



BOARD OF HEALTH MINUTES 21-011

9:30 a.m.

Monday, November 15, 2021

Due to COVID-19 and the closure of City Hall, this meeting was held virtually

Present: Mayor F. Eisenberger
Councillors M. Wilson (Vice-Chair), J. Farr, S. Merulla, T. Jackson,
J.P. Danko, B. Clark, M. Pearson, B. Johnson, L. Ferguson, A.
VanderBeek.

**Absent with
Regrets:** Councillor T. Whitehead – Leave of Absence; Councillor E. Pauls –
Personal; Councillors N. Nann, B. Johnson and J. Partridge – City
Business

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

**1. PHS Organizational Risk Management Plan: 2021 Progress Report
(BOH21003(a)) (City Wide) (Item 7.1)**

(Pearson/Danko)

That Report BOH21003(a) respecting PHS Organizational Risk Management
Plan: 2021 Progress Report, be received.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

ABSENT - Ward 14 Councillor Terry Whitehead
ABSENT - Ward 15 Councillor Judy Partridge

2. Child & Adolescent Services 2021-2022 Budget and Base Funding Increase of Five Percent (BOH 21010) (City Wide) (Item 10.1)

(Clark/Pearson)

- (a) That the 2021-2022 Child & Adolescent Services Program budget funded by the Ministry of Health be approved; and, that the Medical Officer of Health be authorized and directed to receive, utilize, report on and execute all service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2021-2022 Child & Adolescent Services Program budget; and,
- (b) That the Board of Health approve the increase of a permanent 0.61 FTE Clinical Therapist.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

3. Budget Request for Food Advisory Committee 2022 (BOH21011) (City Wide) (Item 10.2)

(Danko/Jackson)

That the Food Advisory Committee 2022 base budget submission attached as Appendix "A" to Report BOH21011 in the amount of \$1,500, be approved for submission to the 2022 budget process.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

ABSENT - Mayor Fred Eisenberger
YES - Ward 1 Councillor Maureen Wilson
YES - Ward 2 Councillor Jason Farr

ABSENT	-	Ward 3	Councillor Nrinder Nann
YES	-	Ward 4	Councillor Sam Merulla
VACANT	-	Ward 5	
YES	-	Ward 6	Councillor Tom Jackson
ABSENT	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
ABSENT	-	Ward 11	Councillor Brenda Johnson
YES	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
ABSENT	-	Ward 15	Councillor Judy Partridge

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 to the agenda.

5. COMMUNICATIONS

- 5.4 Correspondence from Walter Furlan and Liz Duval respecting the Proposed Safe Consumption Site located at 746 Barton Street East, Hamilton

Recommendation: Be received

- 5.5 Correspondence from Jacinta Ribeiro, Luso Support Centre of Hamilton respecting a Safe Consumption Site

Recommendation: Be received

- 5.6. Correspondence from P.J. Daly, Hamilton Wentworth Catholic District School Board respecting a Safe Consumption Site

Recommendation: Be received

(Pearson/Ferguson)

That the agenda for the November 15, 2021 Board of Health be approved, as presented.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

(c) DECLARATIONS OF INTEREST (Item 3)

None

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

(i) October 18, 2021 (Item 4.1)

(VanderBeek/Merulla)

That the Minutes of October 18, 2021, be approved, as presented.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

(e) COMMUNICATIONS (Item 5)

(Pearson/Farr)

That the following Correspondence items be received:

- (i) Correspondence from Huron Perth Public Health respecting the Variation in Vaccination Policies for the Home and Community Care Sector (Item 5.1)
- (ii) Correspondence from the Minister of Health respecting Additional One-Time Funding for 2021-2022 (Item 5.2)
- (iii) Correspondence from the North Bay Parry Sound District Health Unit respecting the Government's Financial Commitment to Public Health (Item 5.3)
- (iv) Correspondence from Walter Furlan and Liz Duval respecting the Proposed Safe Consumption Site located at 746 Barton Street East, Hamilton (Added Item 5.4)
- (v) Correspondence from Jacinta Ribeiro, Luso Support Centre of Hamilton respecting a Safe Consumption Site (Added Item 5.5)
- (vi) Correspondence from P.J. Daly, Hamilton Wentworth Catholic District School Board respecting a Safe Consumption Site (Added Item 5.6)

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

(f) STAFF PRESENTATIONS (Item 8)

(i) Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present (Item 8.2)

Dr. E. Richardson, Medical Officer of Health; Michelle Baird, Director, Healthy and Safe Communities 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 2020 to present, with the aid of a PowerPoint presentation.

(Ferguson/Clark)

That the Presentation respecting an Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to present, be received.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

(g) DISCUSSION ITEM (Item 10)

(i) Child & Adolescent Services 2021-2022 Budget and Base Funding Increase of Five Percent (BOH 21010) (City Wide) (Item 10.1)

(Clark/Merulla)

That staff be directed to provide an information report on the challenges, referrals and waiting lists for child and adolescent counselling services within the City's network of Children's and Adolescent Mental Health Services.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

(h) ADJOURNMENT (Item 15)

(Pearson/Farr)

That, there being no further business, the Board of Health be adjourned at 11:52 a.m.

Result: Motion CARRIED by a vote of 9 to 0, as follows:

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

Respectfully submitted,

Councillor M. Wilson
Vice-dChair, Board of Health

Loren Kolar
Legislative Coordinator
Office of the City Clerk

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th 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^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
Télécopieur: 416 326-1571
www.ontario.ca/sante



November 10, 2021

180-2021-124

Mayor Fred Eisenberger
Chairman
City Of Hamilton
71 Main Street West, 2nd Floor
Hamilton ON L8P 4Y5

Dear Mayor Eisenberger:

Thank you for your efforts in ensuring our most vulnerable population remains protected during this unprecedented time. I want to thank your staff who continue to work hard to support those with mental health and addictions needs in these particularly challenging conditions.

I am pleased to advise you that the Ministry of Health will provide City Of Hamilton with up to \$109,500 per funding year in new base funding, beginning in 2021-22, to immediately begin to address the waitlist and times for child and youth mental health services at your organization.

The Assistant Deputy Minister of the Mental Health and Addictions Division will write to you shortly concerning the terms and conditions applicable to this funding.

Once again thank you for your efforts and dedication, which will go a long way to improve the lives of those with mental health challenges.

Sincerely,

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

Christine Elliott
Deputy Premier and Minister of Health

c: Ms. Jen Vickers-Manzin, Director, Chief Nursing Officer, City Of Hamilton

Ministry of Health

Assistant Deputy Minister
Mental Health and Addictions
Division

56 Wellesley Street West, 12th Floor
Toronto ON M5S 2S3

Tel.: (416) 553-1428

Ministère de la Santé

Sous-ministre adjointe
Division des services de santé mentale
et de lutte contre les dépendances

56, rue Wellesley Ouest, 12^e étage
Toronto ON M5S 2S3

Tél. : (416) 553-1428



180-2021-124

November 2, 2021

Ms. Jen Vickers-Manzin
Director, Chief Nursing Officer
City of Hamilton
71 Main Street West, 2nd Floor
Hamilton ON L8P 4Y5

Dear Ms. Vickers-Manzin:

Re: 2021-22 Funding Year - New Base Funding to increase access to supports and decrease wait lists/times for Child and Youth Mental Health (CYMH) services delivered at City of Hamilton

This letter is further to the recent letter from The Honourable Christine Elliott, Deputy Premier and Minister of Health, in which she informed you that the Ministry of Health (the “ministry”) will provide City of Hamilton with new base funding of up to \$109,500 per funding year starting April 1, 2021, to immediately begin to address the waitlist and times for Child and Youth Mental Health (CYMH) services at your organization.

The ministry will work with you to implement an amendment to your existing CYMH base transfer payment agreement to include this new funding. Your organization must submit an updated program budget and agree to the contract amendment through Transfer Payments Ontario (TPON) before the ministry will begin to flow any new 2021-22 funding to your organization. Note that the ministry has changed its policy related to ink signatures for agreements and an electronic signature is sufficient.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible in this unprecedented time. 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.

Ms. Jen Vickers-Manzin

Should you require any further information or clarification, please contact your Ministry Program Supervisor.

Sincerely,



Melanie Kohn
Assistant Deputy Minister
Mental Health and Addictions Division

c: Mayor Fred Eisenberger, Chairman of the Board, City of Hamilton
Mr. Jim Yuill, Director, Financial Management Branch, Corporate Services Division,
Ministry of Health

From: clerk@hamilton.ca
To: [Kolar, Loren](#)
Cc: [Ritskes, Debbie](#)
Subject: BOH Delegation - Hagerty (future meeting)
Date: Thursday, November 25, 2021 9:02:48 AM

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

From: no-reply@hamilton.ca <no-reply@hamilton.ca>
Sent: Wednesday, November 24, 2021 7:08 PM
To: clerk@hamilton.ca
Subject: Form submission from: Request to Speak to Committee of Council Form

Submitted on Wednesday, November 24, 2021 - 7:07pm Submitted by anonymous user: 162.158.74.249 Submitted values are:

==Committee Requested==
Committee: Board of Health

==Requestor Information==

Name of Individual: Kayla Hagerty

Name of Organization:

Contact Number: [REDACTED]

Email Address: [REDACTED]

Mailing Address:

Reason(s) for delegation request: I am looking to attend this delegation in order to present the findings of a report completed by me, Kayla Hagerty, alongside Dr. Aaron Doyle of Carleton University, which focused on how the COVID-19 pandemic impacted the opioid epidemic in Canada, in support of the new CTS planned for Ward 3 in Hamilton. I, Kayla, will be speaking about how, after the death of my father in May 2020 due to an accidental opioid overdose, I began to focus my studies on the unintended harms faced by populations at risk, such as those experiencing incarceration, homelessness, and addictions, highlighting how the needs of populations at risk have been ignored in our adaptations of public health policies during the pandemic. Most of my work is focused on advocating for evidence-based harm reduction strategies to be further implemented in Hamilton's public health system, such as opioid agonist treatment and increased accessibility to social supports for those experiencing addiction, like this CTS.

Will you be requesting funds from the City? No

Will you be submitting a formal presentation? Yes

The results of this submission may be viewed at:
<https://www.hamilton.ca/node/286/submission/561661>



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	December 6, 2021
SUBJECT/REPORT NO:	Public Health Inspections of Consumption and Treatment Services Sites (BOH21013) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Snow (905) 546-2424 Ext. 3055
SUBMITTED BY:	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
SIGNATURE:	

COUNCIL DIRECTION

Not Applicable.

INFORMATION

In June 2021, the Ontario Ministry of Health released the new protocol “Consumption and Treatment Services Compliance and Enforcement Protocol, 2021”. Under this protocol, organizations operating Consumption and Treatment Services sites (CTS) are required, through their Transfer Payment Agreement with the Ontario Ministry of Health, to allow for inspections of the CTS by their board of health.

Beginning in December 2021, Hamilton Public Health Services (PHS) will begin to enforce this protocol with respect to conducting routine, annual on-site inspections of local CTS. In addition, PHS will be responsible for following-up on cause or complaint-based investigations and inspections of CTS.

Routine Inspections

On an annual basis, PHS Infectious Disease Program and Harm Reduction Program staff will contact local CTS operators to arrange an on-site inspection.

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.

During the annual inspection, PHS staff will be assessing the following:

- Safe and effective disposal of needles and other harm reduction materials as per the CTS' documented procedures; and,
- Type and volume of harm reduction supplies, including needles found within a 15 metre perimeter of the CTS; and,
- Up-to-date records, including but not limited to the following; and,
 - Log of calls to police services; and,
 - Log of security-related incidents.
- Other potential health hazards related to CTS operations.

Complaint Investigations

The protocol informs that PHS is accountable to assess complaints regarding the disposal of harm reduction materials utilized at, or in the vicinity of, the CTS. This includes assessing if any discarded needles or other harm reductions supplies are present within 15 metre perimeter and if procedures for their safe disposal are being followed. All complaint investigations must be initiated by PHS with 24 hours of receipt of the complaint.

PHS will accept complaints from local stakeholders, including but not limited to the general public, local businesses, Hamilton Police Services, CTS clients and local schools.

Any security complaints received regarding a CTS will be re-directed to the local police.

Authority and Enforcement

Under the provisions of the transfer payment agreement with each CTS, the Ministry of Health, or any authorized representative identified by the Ministry of Health, such as the local Board of Health may enter the CTS premises upon an agreed upon time with 24 hours' notice. The purpose of the entry is to inspect and audit compliance with the Transfer Payment Agreement and program requirements and to conduct an annual routine inspection (see Appendix "A" to Report BOH21013 "Consumption and Treatment Services Compliance and Enforcement Protocol, 2021").

As per the "Consumption and Treatment Services Compliance and Enforcement Protocol, 2021", PHS will use a compliance strategy that balances education, inspection and progressive enforcement. Progressive enforcement strategies include: education, inspections, warnings and graduated options to reflect the frequency and severity of the level of non-compliance. If after implementing progressive enforcement strategies the CTS is still found to be non-compliant, a CTS non-compliance notice will be provided to the Ministry of Health by PHS.

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.

Disclosure

It is required that the Board of Health publicly disclose a summary report on each routine and complaint-based inspection of each CTS. This report will summarize the findings of the inspection along with any steps required to remediate any instances of non-compliance discovered or determined by the inspectors during their inspection.

The disclosure of the reports will be done through posting on the City of Hamilton’s website as per other inspections conducted by PHS.

Impact on Hamilton Public Health Services

The addition of this new protocol does not come with additional funding from the province. However, at this time, it is expected there will be minimal impact on staffing resources to carry out the inspection requirements of the protocol and the volume of complaint work will be monitored and assessed to determine resource impacts.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH21013 Consumption and Treatment Services
Compliance and Enforcement Protocol, 2021

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Ministry of Health
Effective: June 2021

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

Organizations operating a Consumption and Treatment Services (CTS) will be required through their Transfer Payment Agreement (signed with the Ministry of Health, “the ministry”) to allow for inspections of their CTS by boards of health.

The purpose of this protocol is to provide direction to boards of health that have ministry funded Consumption and Treatment Services operating within their region.

- 1) The board of health shall enforce this protocol with respect to:
 - a) Routine, onsite inspections of CTS
 - b) Cause / complaints-based investigations and inspections of CTS

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Effective Public Health Practice

Requirement 9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Consumption and Treatment Services Compliance and Enforcement Protocol, 2021* (or as current); the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Compliant Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Healthy Environments Standard

Requirement 11. The board of health shall conduct routine inspections, complaint-based investigations, enforcement and public reporting for Consumption and Treatment Services (CTS) within its jurisdiction in accordance with the Consumption and

Treatment Services Compliance and Enforcement Protocol, 2021 (or as current) except for CTS that are directly operated by the local board of health. Boards of health that directly operate a CTS will not inspect their own facility; these inspections, complaint-based investigations, enforcement and public reporting shall be conducted by another organization as identified by the ministry. Complaints received by a local board of health about any CTS it operates should be directed to the ministry and/or any organization identified by the ministry.

Substance Use and Injury Prevention

Requirement 5. The board of health shall conduct routine inspections, complaint-based investigations, enforcement and public reporting for Consumption and Treatment Services (CTS) within its jurisdiction in accordance with the Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (or as current) except for CTS that are directly operated by the local board of health. Boards of health that directly operate a CTS will not inspect their own facility; these inspections, complaint-based investigations, enforcement and public reporting shall be conducted by another organization as identified by the ministry. Complaints received by a local board of health about any CTS it operates should be directed to the ministry and/or any organization identified by the ministry.

Operational Roles and Responsibilities

Surveillance and Inspection

All CTS funded by the ministry will be subject to routine inspections as well as cause / complaints-based investigations and inspections. The ministry will provide the board of health with information about the location, operator, and any other information as determined by the ministry, about the CTS.

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Routine Inspections

- 2) The board of health shall ensure that each CTS is inspected once per calendar year from their commencement date of operation.
 - a) The board of health shall arrange a time for routine inspections in advance with the CTS operator.
- 3) The board of health shall include an assessment of the following during each inspection:
 - a) Safe and effective disposal of needles and other harm reduction materials as per the CTS' documented procedure.
 - b) Type and volume of harm reduction supplies, including needles, found within a 15m perimeter of the CTS;
 - c) Up-to-date records including, but not limited to the following:
 - i. Log of calls to police services
 - ii. Log of security-related incidents; and
 - d) Other potential health hazards related to CTS operations.
- 4) The board of health shall conduct additional inspections based on risks including, but not limited to, evidence that the CTS is not following-up on required actions from a previous inspection and/or increased complaints about CTS operations.*

Complaint Investigations

- 5) The board of health shall assess complaints regarding the disposal of harm reduction materials utilized at, or in the vicinity of, the CTS. This shall include assessing if any discarded needles and other harm reduction supplies (including volume estimates) are present within a 15m perimeter of the CTS, and if procedures for safe disposal of the harm reduction supplies are being followed.†
- 6) The board of health shall ensure that complaint investigations are initiated as soon as possible, and no later than within 24 hours upon receipt of the complaint by phone, fax or email. Complaints may be received from local stakeholders, including but not limited to: local businesses, municipal officials, police, school/child care centre officials and members of the general public.
- 7) The board of health shall re-direct security related complaints to the local police.

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Investigations

- 8) The board of health shall, upon receipt of a complaint, review the complaint content and determine appropriate action as follows:
 - a) Notify the CTS of the complaint and request information pertaining to compliance and mitigation measures, if any, already undertaken by the CTS.
 - b) Request for complaint-related CTS documentation (as appropriate), including but not limited to:
 - i) Documented procedures developed by the CTS for the safe disposal and effective pick-up of needles and other harm reduction supplies; and
 - ii) Incident and/or other logs kept by the CTS.
 - c) Conduct onsite inspection of CTS (as required).

Enforcement Activity

- 9) The board of health shall use a compliance strategy that employs a balance of education, inspection, and progressive enforcement.[‡]

* Health hazards are defined in the Health Protection and Program Act (see Section 1(1)).

† The removal of any inappropriately discarded harm reduction materials will need to be handled by the CTS and/or the appropriate local authorities.

‡ "Progressive enforcement" means the use of education visits/calls, inspections, warnings and graduated options to reflect the frequency and severity of the level of non-compliance. These mechanisms will include inspections, warnings regarding instances of non-compliance, and a CTS non-compliance notice provided to the ministry.

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Data Collection

- 10) The board of health shall collect and maintain up-to-date inspection data as specified by the ministry.
- 11) The board of health shall maintain the following records:
 - a) Inspection records conducted to determine compliance with CTS program requirements
 - b) Enforcement activity utilized including, but not limited to, warnings provided to the CTS and notifications provided to the ministry
 - c) Reports submitted to the ministry. See Appendix A for the reporting template.

Disclosure

- 12) The board of health shall publicly disclose a summary report on each routine and complaint-based inspection of each CTS, including steps to remediate any instances of non-compliance discovered or determined by the board of health. Complaint based inspections are to be disclosed when the complaint is substantiated and upon conducting a risk assessment, the board of health has determined that the premises requires an on-site inspection.
- 13) The board of health shall post reports on the board of health’s website in a location that is easily accessible to the public within two weeks of a completed inspection. Reports must remain posted for two years.

References

1. Ontario. Ministry of Health. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario 2018. Available from:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from:
<https://www.ontario.ca/laws/statute/90h07>

Appendix A: Reporting Template

Note: Please do not include any personal information (PI) as defined in the *Municipal Freedom of Information and Protection of Privacy Act*, or personal health information (PHI) as defined in the *Personal Health Information Protection Act, 2004*, in this Reporting Template.

Consumption and Treatment Services Inspection Report

Facility Number: <input type="text"/>		Report Number: <input type="text"/>	
Public Health Unit:			
Legal Name (Facility):			
Operating Name (Facility):			
Facility Address:			
Unit Number:			
Street Number:		Street Name:	
Street Type:			
Street Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> N/East <input type="checkbox"/> S/East <input type="checkbox"/> N/West <input type="checkbox"/> S/West			
City/Town:		Municipality:	
Postal Code: <input type="text"/>		Phone Number: (<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	
		Fax Number: (<input type="text"/>) <input type="text"/> - <input type="text"/>	
Contact Information:			
Operator: (RPIC) [§]	First Name <input type="text"/>	Last Name <input type="text"/>	

[§] RPIC = Responsible Person in Charge

Primary Contact (if different than RPIC):	First Name <input type="text"/>	Last Name <input type="text"/>
Contact Address:		<input type="checkbox"/> Same <input type="checkbox"/> Different than above
<i>Below details of address only display if "Contact Address" = "Different than above"</i>		
Unit Number:		
Street Number:		Street Name:
Street Type:		
Street Direction: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> N/East <input type="checkbox"/> S/East <input type="checkbox"/> N/West <input type="checkbox"/> S/West		
City/Town:		Municipality:
Postal Code: <input type="text"/>		Phone Number: (<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
		Fax Number: (<input type="text"/>) <input type="text"/> - <input type="text"/>
Email Address:		

Findings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Disposal of Needles and other harm reduction materials is done safely and effectively as per the CTS' documented procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Removal/pick-ups of discarded needles and other harm reduction supplies are effectively completed within a 15m perimeter of the CTS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The record/log of calls to police services is up to date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The record/log of CTS incidents is up to date.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If applicable, other potential health hazards relating to CTS operations are noted.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Complaints-Based Inspection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Action Taken	
1. Education Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Warning Issued to the CTS	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. CTS non-compliance notice issued to the ministry	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: (Note: Do not include any private information about individuals using the services of the CTS)			
Recipient:	Position:	Signature:	Date:
Inspector's Name:	Inspector's Signature:		Date:
Please return completed form to addictionandsubstances@ontario.ca			

Consumption and Treatment Services Compliance and Enforcement Protocol, 2021

Appendix B: Authority of an Inspector to Inspect a CTS

Under the provisions of the ministry's transfer payment agreement (TPA) with each CTS, the ministry, or any authorized representative (which may include a local board of health) identified by the ministry, may:

- Upon an agreed upon time (with 24 hours' notice), enter the CTS premises to inspect and audit compliance with the TPA and program requirements, conduct a routine inspection of discarded needles and other harm reduction supplies surrounding the CTS area within a 15m perimeter.

ISBN ##### PDF Queen's Printer of Ontario



Public Health Services COVID-19 Situation Report & Organizational Update

Board of Health
December 6, 2021

Overview

1. Overall Status
2. COVID-19 Situation Report
3. Scarsin Forecast
4. COVID-19 Vaccine Update

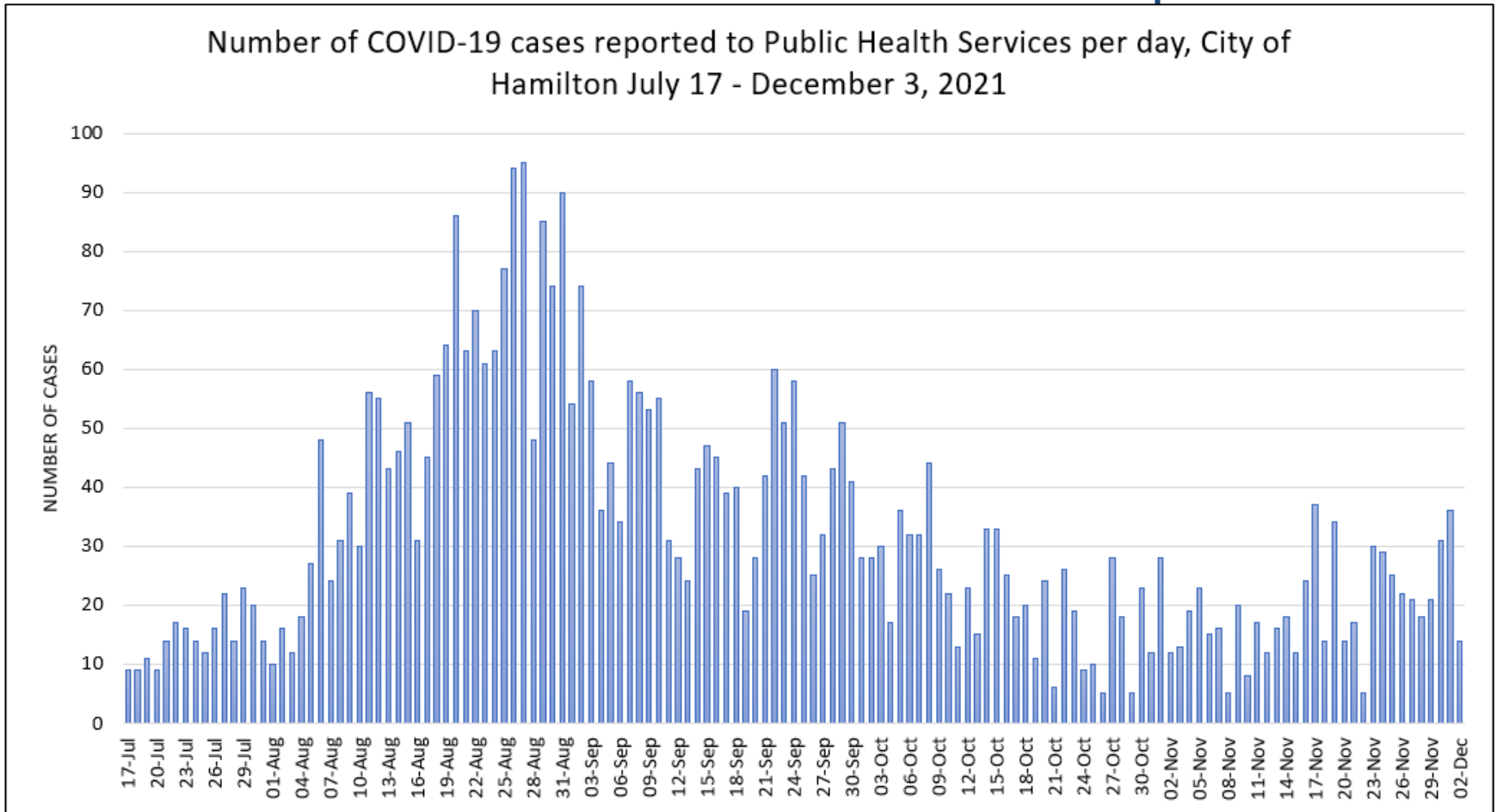
Overall Status

- Case and outbreak activity in Hamilton has been maintaining at current levels for several weeks
- Provincial pause in reopening due to increase in case activity
- As of December 2, 2021: 902,999 doses given; 86.4% of Hamiltonians 12yrs+ vaccinated with one dose and 83.5% with both doses
- Updated Scarsin forecasts indicate that continued use of public health measures (masking and physical distancing) with planned vaccinations can balance some anticipated increases in transmission and keep severe outcomes such as hospital admissions modest
- Control of COVID-19 remains dependent on both vaccination and the practice of public health measures

SITUATION REPORT

Erin Rodenburg, Epidemiologist

Reported Cases



Key Messages

- Hamilton is in Wave 4 of COVID-19 and activity remains stable
- As of December 3, 2021, there were 25 cases of COVID-19 reported to Hamilton Public Health per day on average

Phases of COVID-19 in Hamilton – Wave 4

Phase 1: Pre-peak Jul 17 – Aug 16, 2021 (1 month)

- 757 cases reported
- 14 outbreaks
- 47 hospitalizations and 4 deaths
- Outbreaks occurring in workplace, child care, communal living settings
- Stage 3 – Provincial Roadmap to Reopen
- Vaccine doses administered decreased

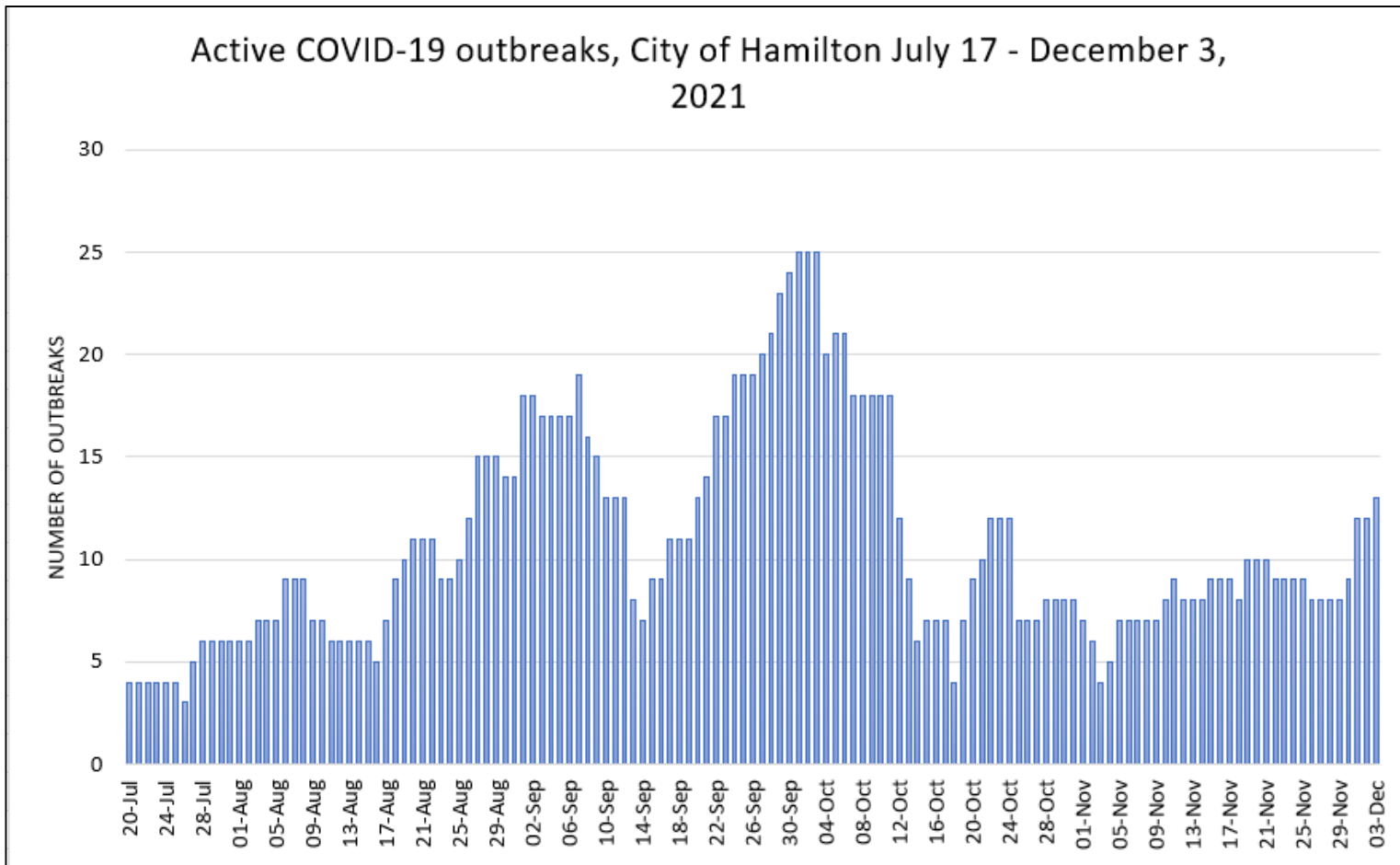
Phase 2: Peak Aug 17 – Sept 1, 2021 (0.5 months)

- 1,128 cases reported
- 22 outbreaks
- 67 hospitalizations and 3 deaths
- Outbreaks occurring in workplace, child care, athletic settings
- Provincial reopening stages paused, maintenance of public health measures
- Introduction of hyper-local vaccine clinics to areas of Hamilton with lower vaccine coverage

Phase 3: Post-peak Sept 2 – Dec 3, 2021 (3 months)

- 2,554 cases reported
- 94 outbreaks
- 140 hospitalizations and 17 deaths
- Outbreaks occurring in workplace, child care, school, athletic, banquet hall, communal living settings
- Increase in indoor activity
- Vaccine passports implemented (ON)
- Increase in provincial cases

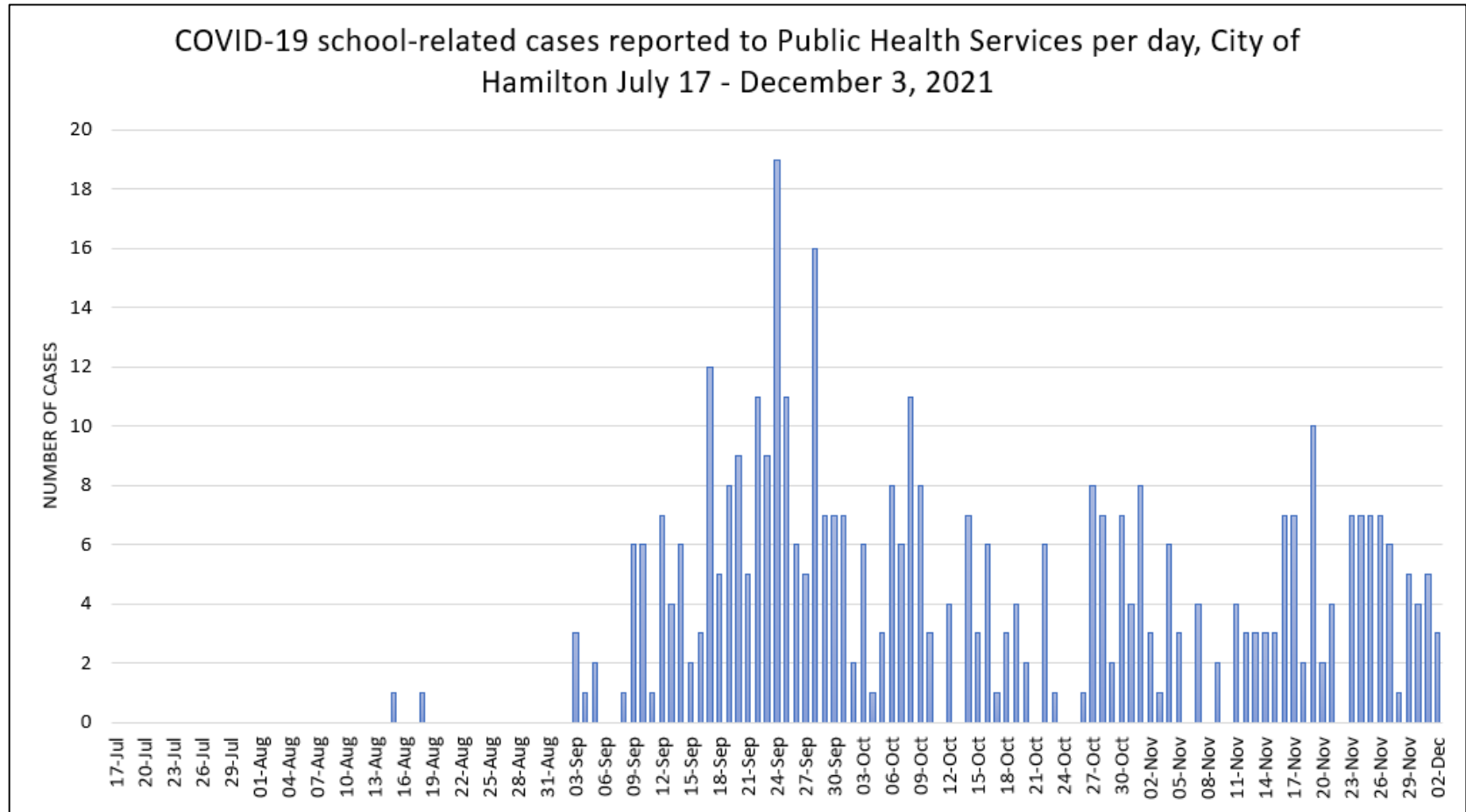
Active Outbreaks



Key Messages

- COVID-19 outbreak activity in Wave 4 peaked in late September/early October 2021
- The number of active COVID-19 outbreaks in recent weeks has been maintaining

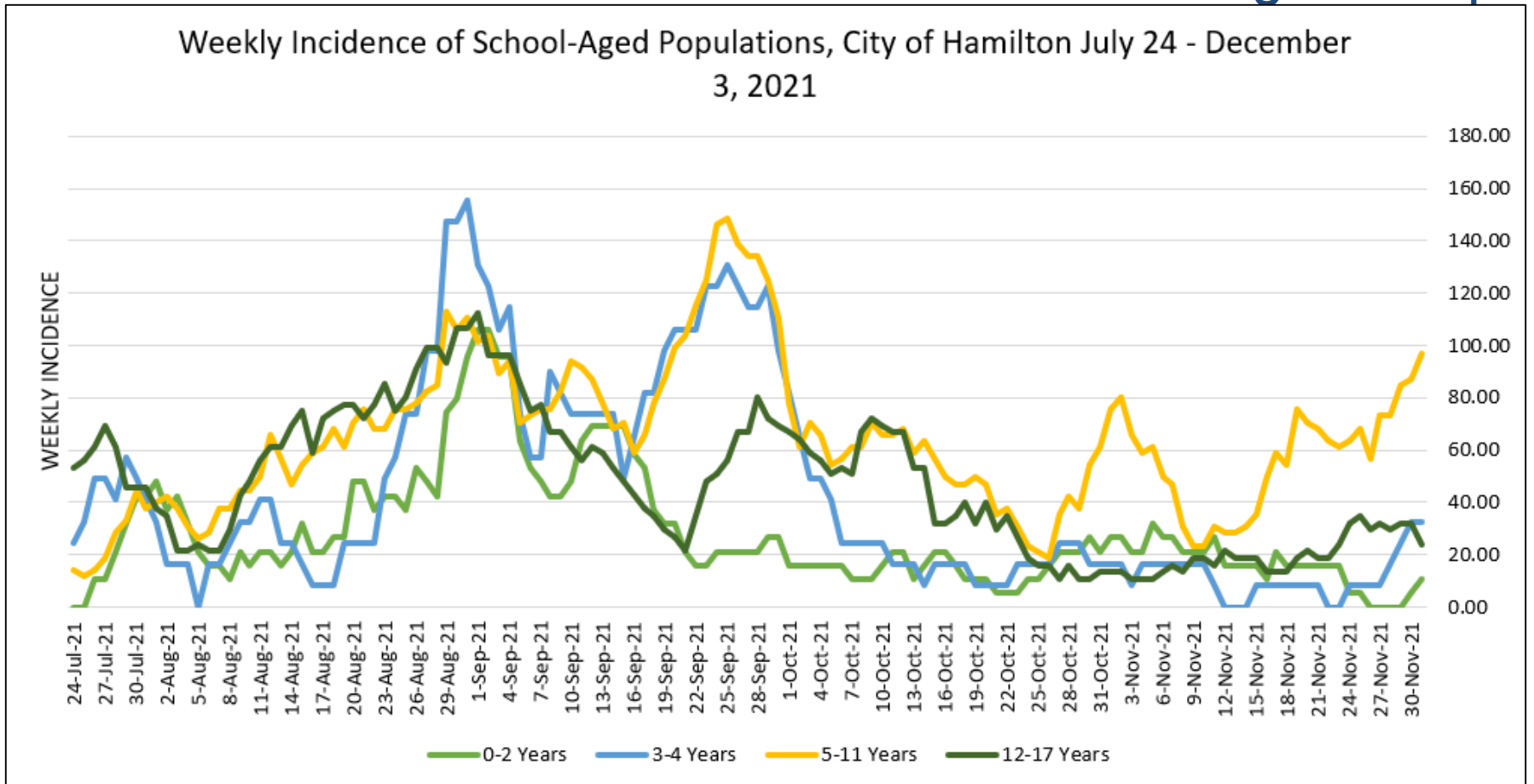
Reported School-Related Cases



Key Messages

- School-related COVID-19 case activity in Hamilton peaked near the end of September 2021
- As of December 3, 2021, school-related case activity is stable around 5 school cases per day

Affected Age Groups



Key Messages

- COVID-19 cases in Hamilton have been predominantly younger individuals, which aligns with the consistent COVID-19 school activity.
- Within the school-aged population, we are seeing the highest incidence in those aged 5-11 years.

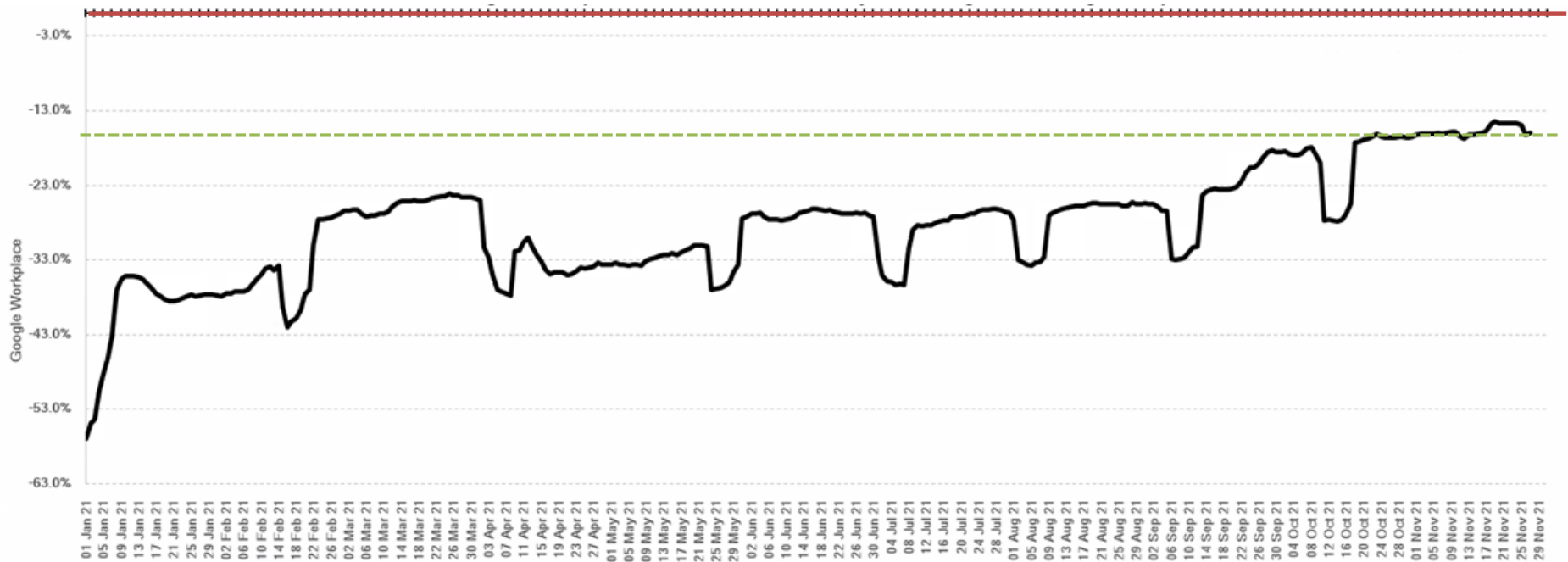
SCARSIN FORECAST

Ruth Sanderson, Epidemiologist

Scarsin Forecast

- Masking and physical distancing remain effective interventions in the control of COVID-19
 - Forecasts, and the ongoing possibility of new variants, illustrate the continued importance of public health measures combined with vaccinations
- Anticipate some increase in cases and hospitalizations this winter; cases and hospitalizations will remain below previous peak levels provided:
 - Our vaccination levels rise with anticipated child vaccination starting last week and achieving 65% first dose coverage of those aged 5-11 years by the end of January 2022
 - Residents' behaviours do not exceed those currently laid out in the reopening plan including lifting of public health measures
 - Delta continues to dominate, and emerging variants do not evade immunity

Workplace Mobility, Hamilton



Data Source: Scarsin Decision Support System retrieved Dec 1, 2021

Key Messages:

Current level is approximately 16% below pre-pandemic levels. Workplace mobility is set in the forecasts to decrease to 12% below pre-pandemic levels by January 6, 2022.

Scarsin Forecast – Overview of Scenarios

Scenario 1 – Maintain Public Health Measures (PHM)

Maintained public health measures (e.g., 70% masking to Jan 31, 2022).

Scenario 2 – Reopening

Reduced avoidance and physical distancing starting Dec 1, 2021, down to 0% by Feb 15, 2022, in community, workplaces, university & school settings. Masking at 60% to end of year then gradually declines to 0% by end of Mar 2022.

Scenarios Assume:

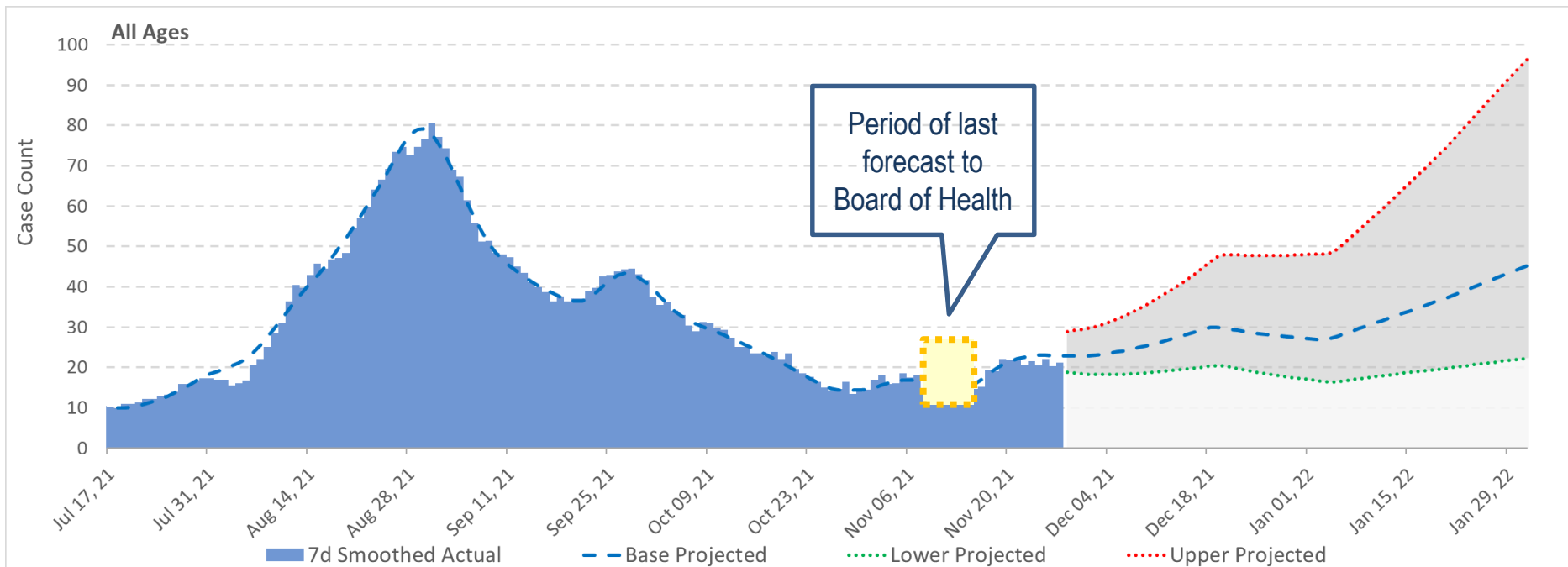
- Increased transmission risk with increased activity
 - indoors due to cooler weather and “reopening” activities
- Delta circulating at 99.5% of cases as of Sep 20, 2021,
 - increased to 99.8% by Nov 30, 2021
- Vaccination of children aged 5-11yrs starting Nov 25, 2021 achieving 50% first dose vaccination by end of Dec 2021, and 65% by end of Jan 2022. Dose interval set at 8 weeks
- Continued first dose vaccination of those aged 12yrs+
- Maintained workplace mobility after Oct 2, 2021, so that
 - it decreases to 12% below pre-pandemic levels by Jan 9, 2022; community mobility at 1% by Dec 31, 2021
- Immunity curves adjusted for vaccine type
- First dose immunity adjusted for Delta
- Reduced dosing interval to four weeks for 12yrs+ in Jul 2021

-Updated Data:

- Case data retrieved Mon, Nov 29, 2021
- Updated mobility data
- Vaccination data retrieved Mon, Nov 29, 2021
- Updated population data to 2021 StatsCan, Pop Estimates

Scarsin Forecast

Scenario 2 - Reopening: COVID-19 Cases Among Hamiltonians



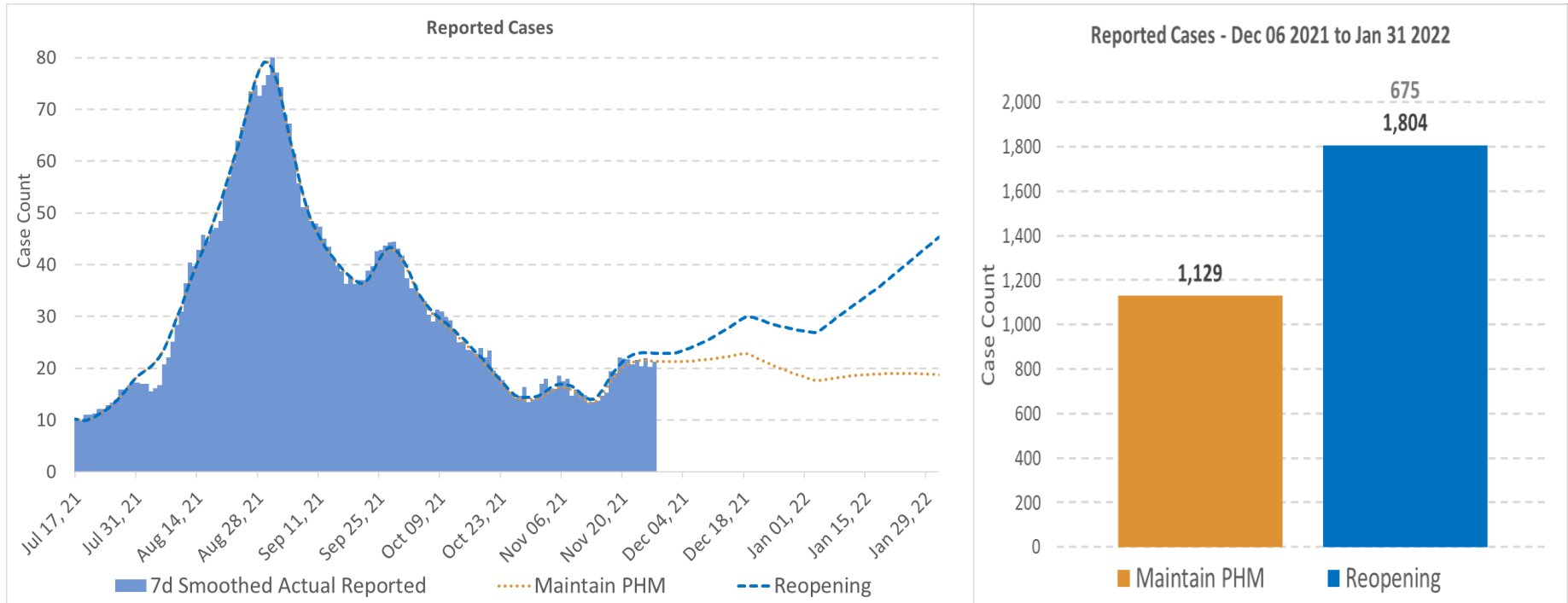
Data Source: Scarsin Decision Support System retrieved Nov 30, 2021

Key Messages:

Scenario 2 - Reopening predicts case increase. Winter brings added transmission risk with increased indoor activity and “reopening.” Cases are forecast to remain below 45 per day but could get as high as 95 at the peak or stay below 20 cases on average. A third of cases will be in those aged 0-19 years (36%) and half will be in those 20-59 years (54%).

Scarsin Forecast

Scenario Comparisons, COVID-19 Cases Among Hamiltonians



Data Source: Scarsin Decision Support System retrieved Nov 30, 2021

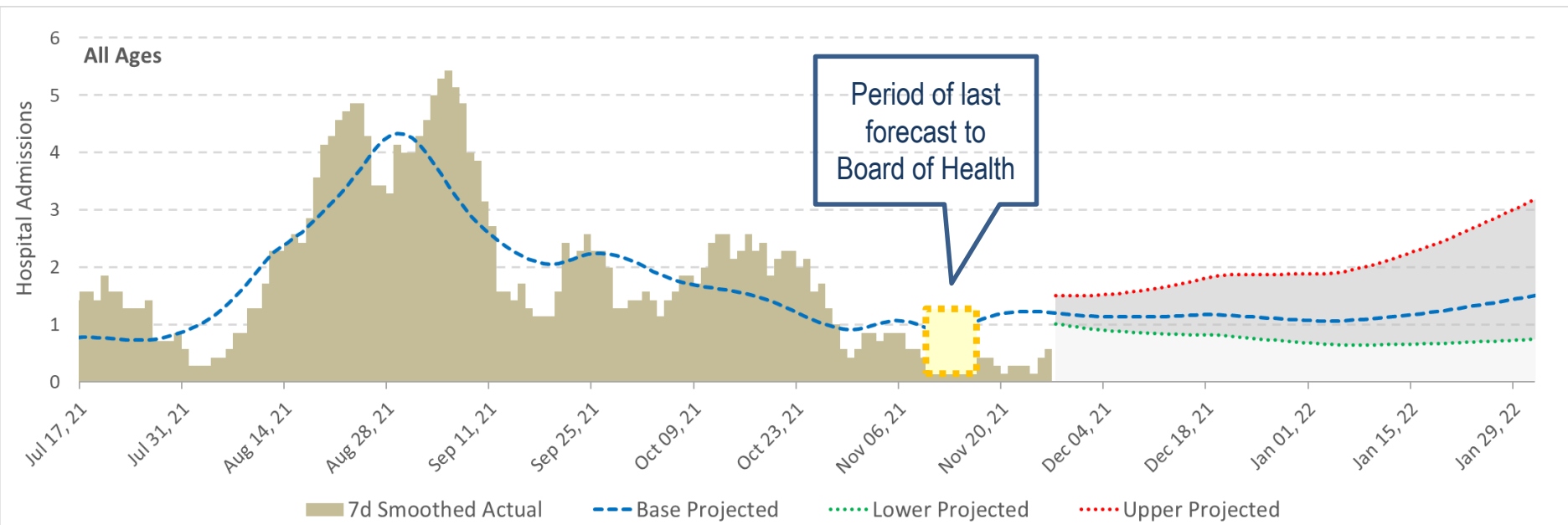
Key Messages:

Scenario 1 - Maintaining Public Health Measures is forecast to keep cases low. Cases could quickly increase with reopening and reduced public health measures as **Scenario 2** forecasts 675 additional cases between December 6, 2021 – January 31, 2022.

Note: PHM – Public Health Measures

Scarsin Forecast

Scenario 2 Reopening: COVID-19 Hospital Admissions Among Hamiltonians



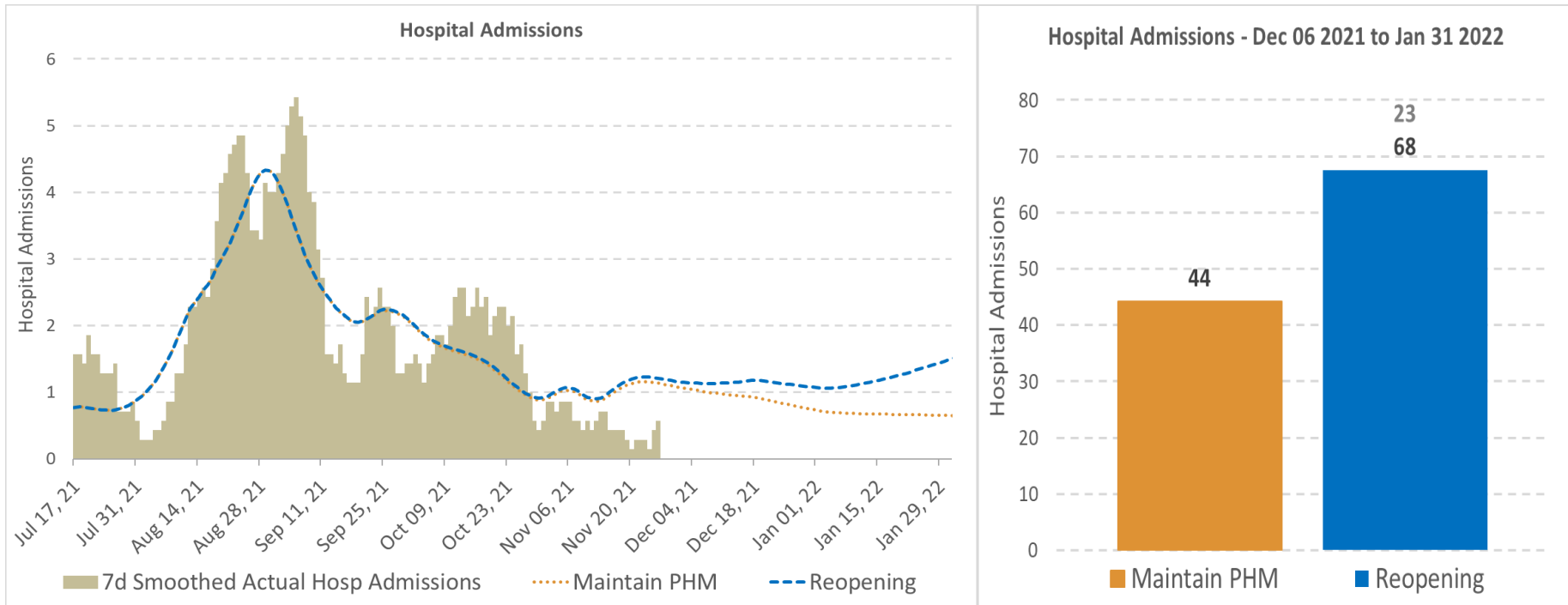
Data Source: Scarsin Decision Support System retrieved Nov 30, 2021

Key Messages:

With [Scenario 2 - Reopening](#), hospital admissions for Hamiltonians are predicted to peak at just above one admission per day on average for from now to the end of the year (range 0.5–3.5 at peak).

Scarsin Forecast

Scenario Comparisons, COVID-19 Hospital Admissions Among Hamiltonians



Data Source: Scarsin Decision Support System retrieved Nov 30, 2021

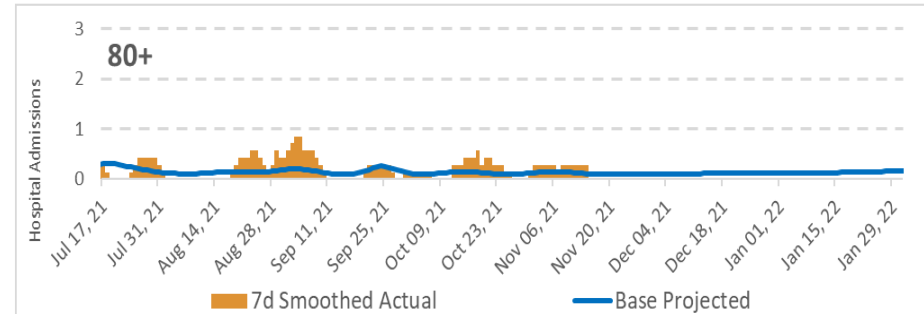
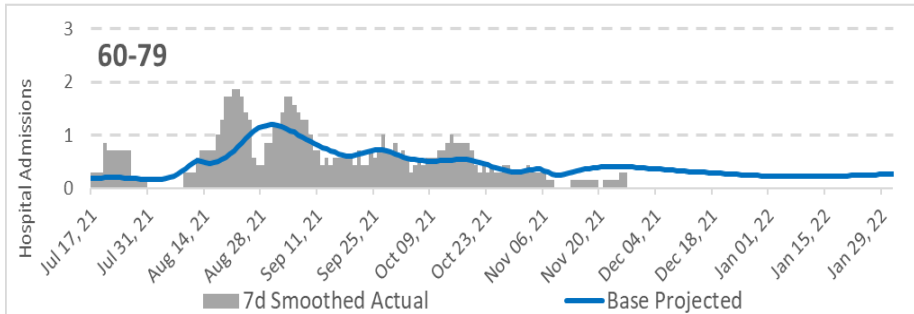
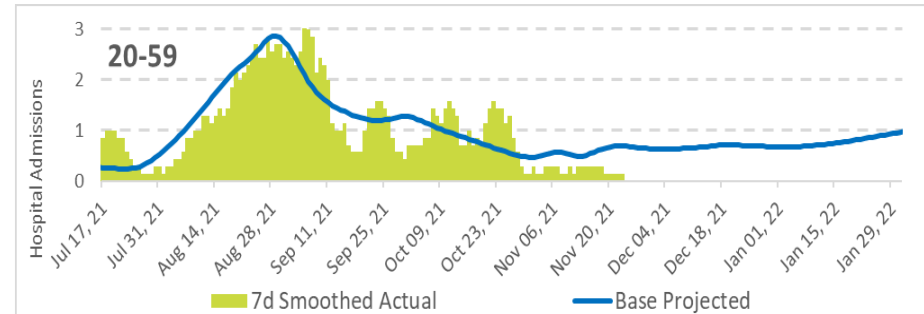
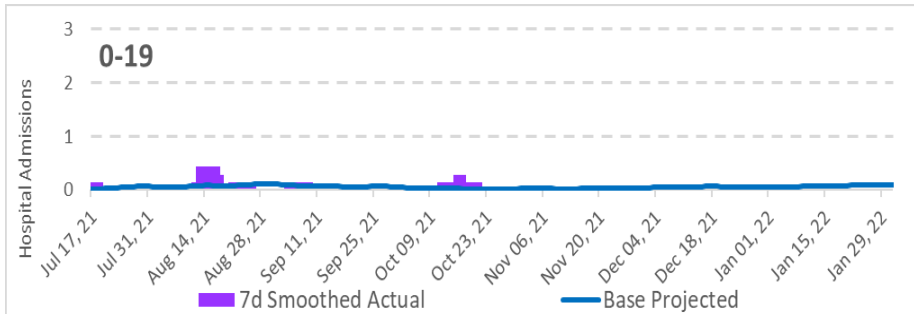
Key Messages:

Scenario 1 - Maintaining Public Health Measures is the better scenario. **Scenario 2 - Reopening** predicts an additional 23 new hospital admissions for Hamiltonians between December 6, 2021 – January 31, 2022. A total of 68 new hospital admissions of Hamiltonians is predicted between December 6, 2021 – January 31, 2022.

Note: PHM – Public Health Measures

Scarsin Forecast

Scenario 2: Reopening, COVID-19 Hospital Admissions Among Hamiltonians



Data Source: Scarsin Decision Support System retrieved Nov 30, 2021

Key Messages:

Cases will be primarily in younger age groups; hospital admissions will be primarily in those 20-59 years old (62%) and those 60-79 (21%) years old. Anticipate seven deaths between December 6, 2021 – January 31, 2022; primarily in those ≥ 60 years old (71%; not shown).

Scarsin Forecast Summary

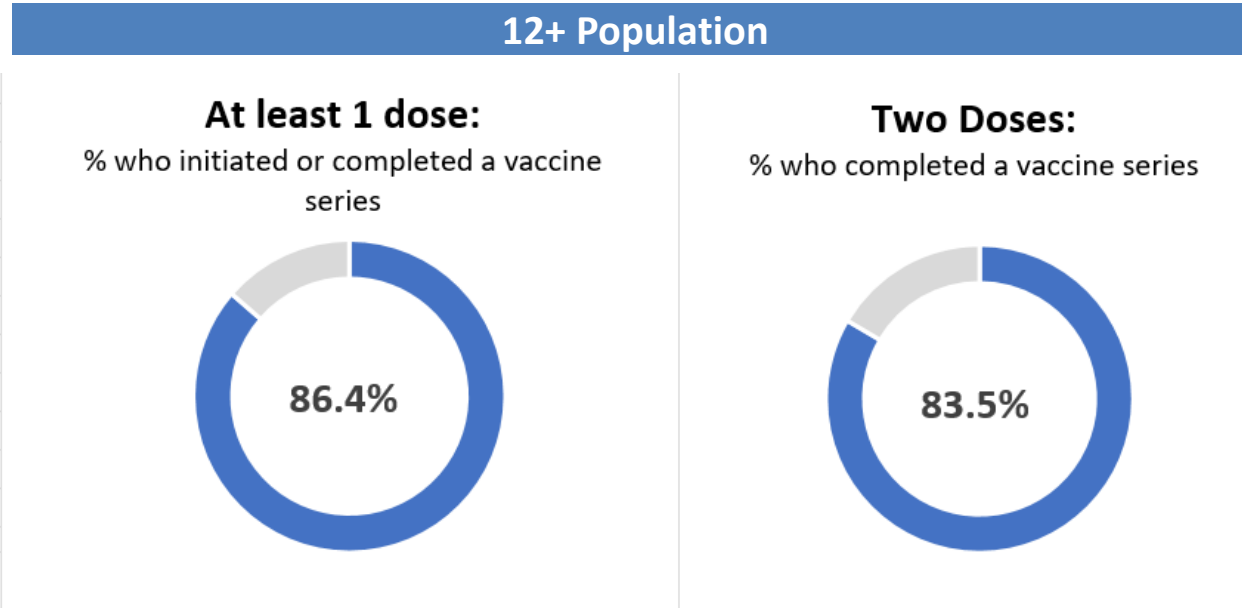
- Hamilton's forecasts indicate continued use of public health measures (masking and physical distancing) with planned vaccinations can balance some anticipated increase in transmission
- Future forecasts will be adjusted as more information becomes available

COVID VACCINE UPDATE

Melissa Biksa, Manager – COVID-19 Vaccine

COVID-19 Vaccine – Overall Coverage

Estimated as of End Of Day December 2, 2021



Note: Includes Hamilton residents and individuals vaccinated in Hamilton who cannot be assigned to a health unit region.

The 12yrs+ population includes individuals born in 2009 or earlier.

Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

COVID-19 Vaccine – Overall Coverage

Estimated as of End Of Day December 2, 2021

	Previous (Nov 19)	Previous (Nov 26)	CURRENT (Dec 3)	Trend
% change in 1 st dose coverage among Hamilton's 12+ year old population in the past week	85.9% (+0.3%)	86.2% (+0.3%)	86.4% (+0.2%)	--
% change in 2 nd dose coverage among Hamilton's 12+ year old population in the past week	82.7% (+0.5%)	83.1% (+0.4%)	83.5% (+0.4%)	--
# of 1 st doses administered to Hamilton's 5+ year old population in the past week	1,233	1,729	5,475	↑
# of 2 nd doses administered to Hamilton's 5+ year old population in the past week	2,425	1,912	1,468	↓
# of 3 rd doses administered to Hamilton's 5+ year old population in the past week	3,699	5,565	8,343	↑

1st doses remaining to achieve 90% coverage among Hamilton's 12+ year old population: **18,864**

33,092

18,864

44,059

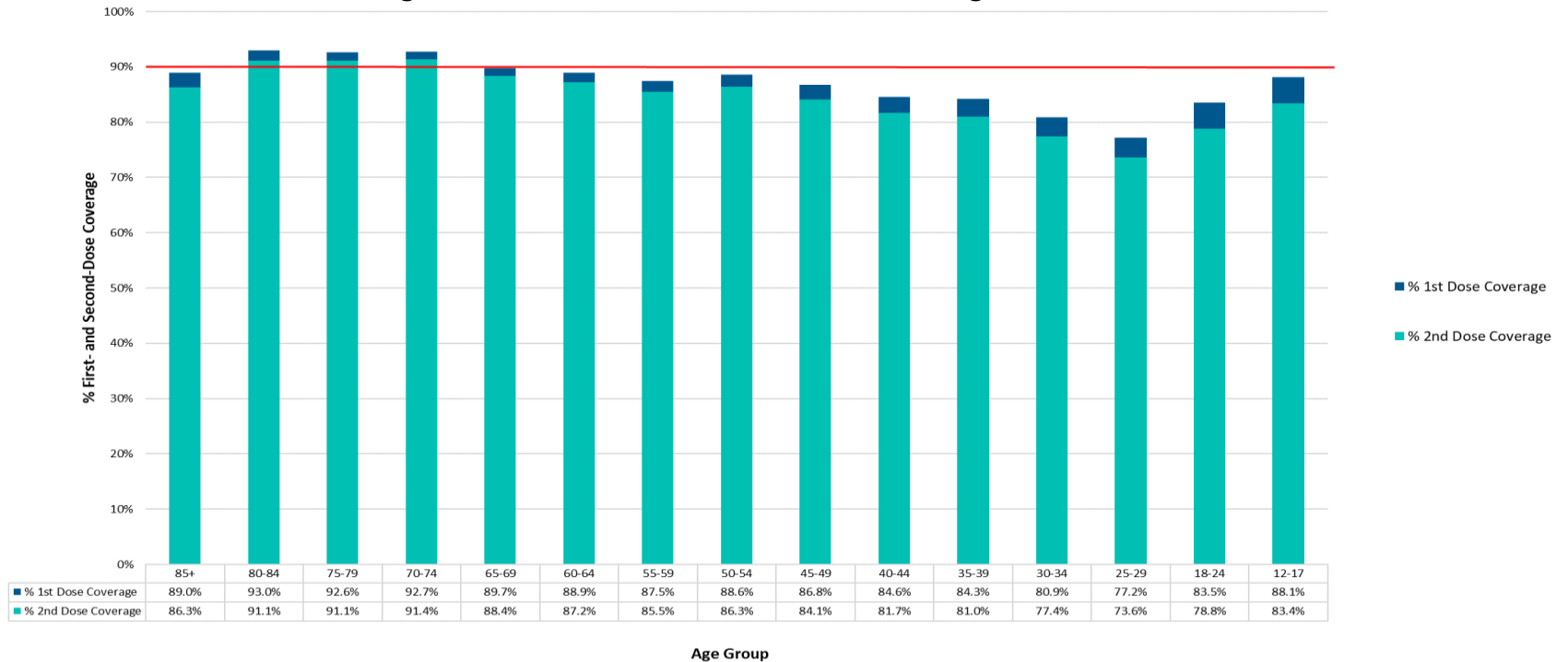
33,875

Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

COVID-19 Vaccine – Coverage by Age

Estimated as of End Of Day December 2, 2021

Aged-Based COVID-19 Vaccine Coverage

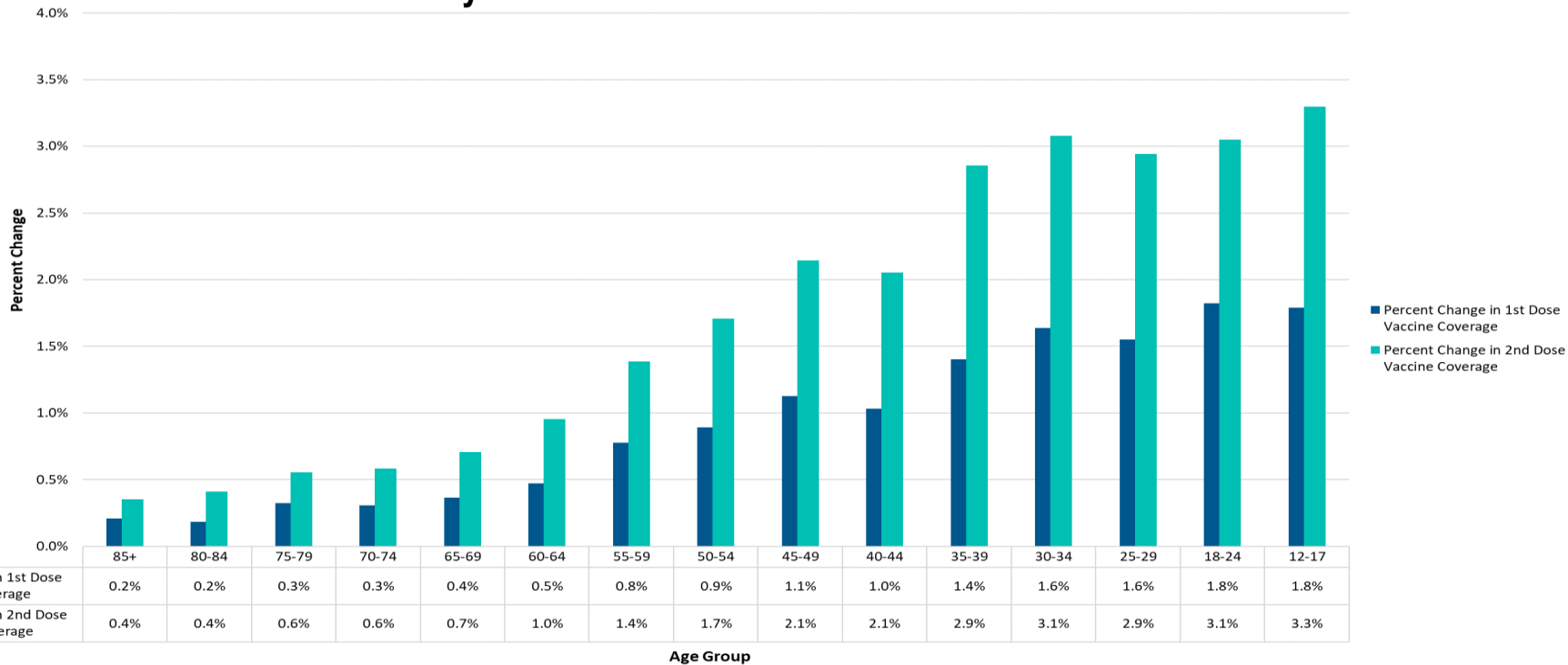


Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

COVID-19 Vaccine – Coverage by Age

Estimated as of End Of Day December 2, 2021

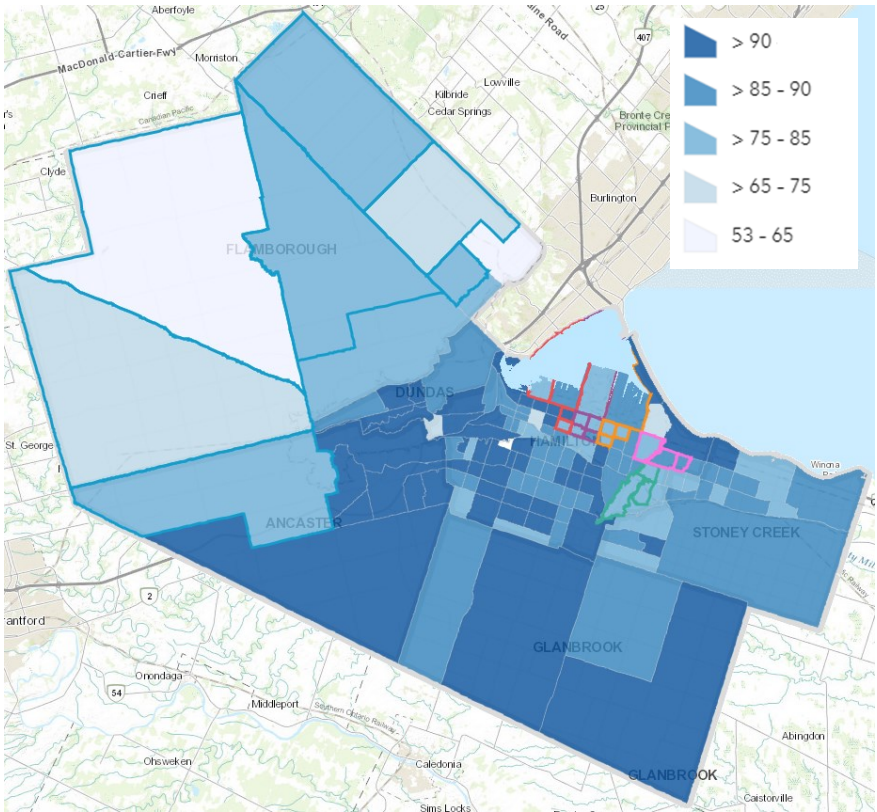
Percent Change in COVID-19 Vaccine Coverage by 1st and 2nd Dose in the Past Month



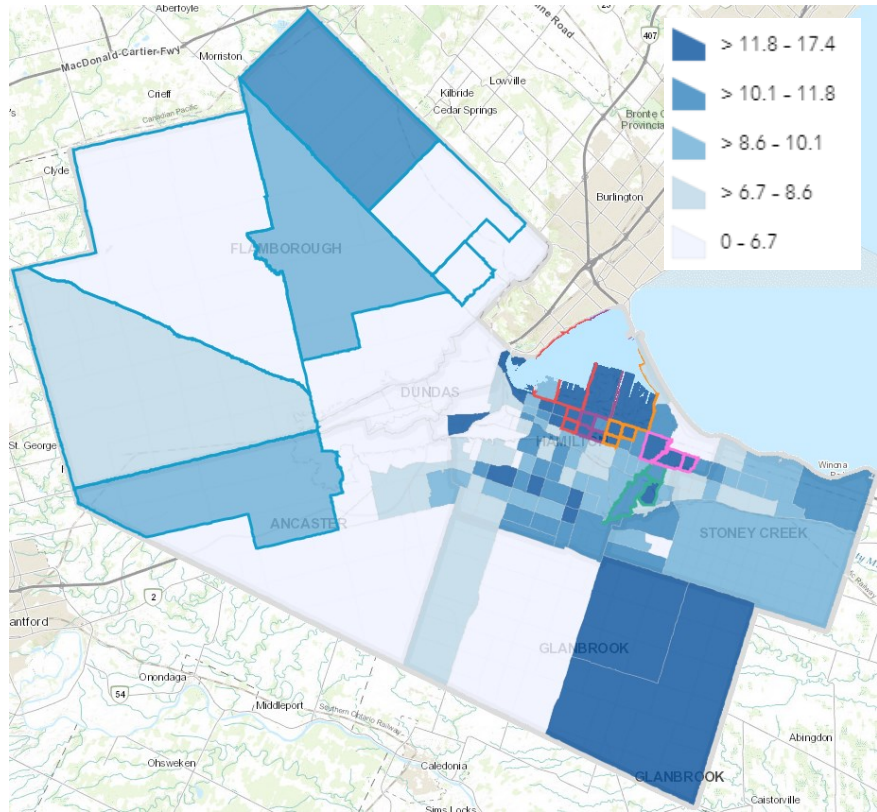
Sources: IntelliHealth (COVAXon Data Load); IntelliHealth (Population Projections, 2020).

COVID-19 Vaccine – Coverage by Census Tracts (“neighbourhoods”)

Estimated \geq One Dose Coverage Among Eligible Population (up to November 29, 2021)

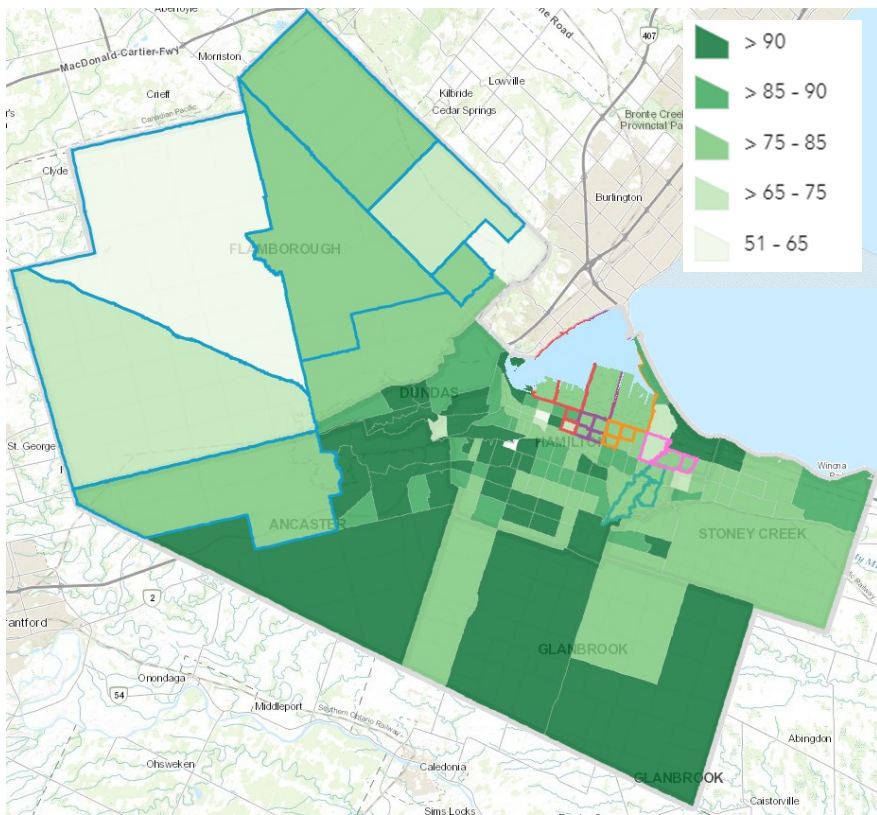


Change in \geq One Dose Coverage Among Eligible Population (August 5 – November 29, 2021)

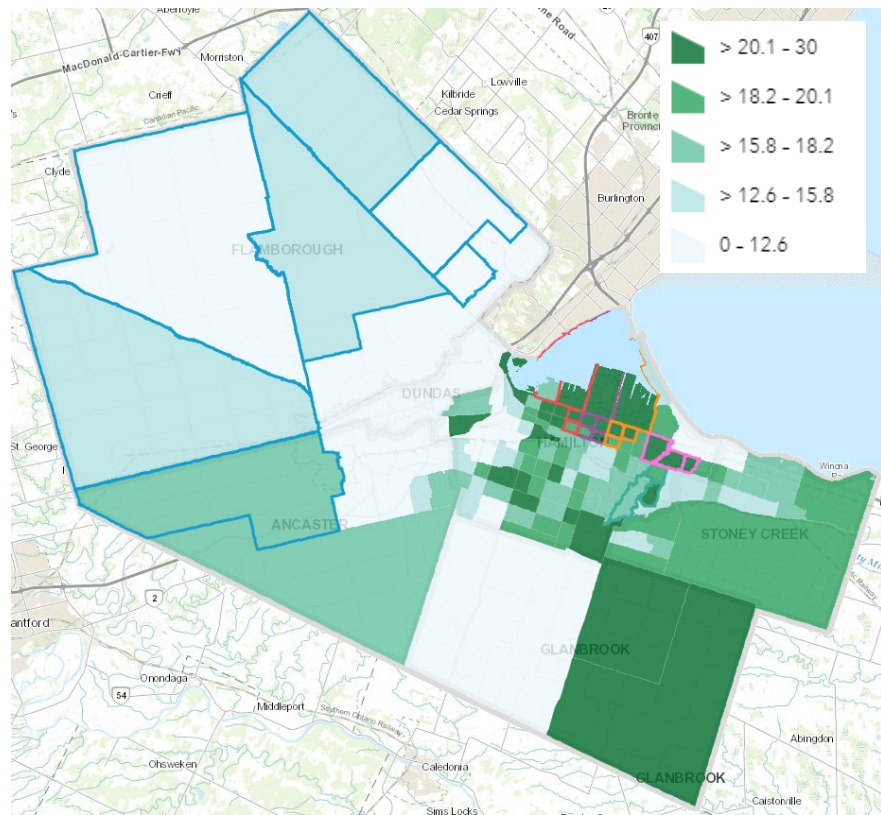


COVID-19 Vaccine – Coverage by Census Tracts (“neighbourhoods”)

Estimated Two Dose Coverage Among Eligible Population (up to November 29, 2021)



Change in Two Dose Coverage Among Eligible Population (August 5 – November 29, 2021)



COVID-19 Vaccine – Pediatric Population

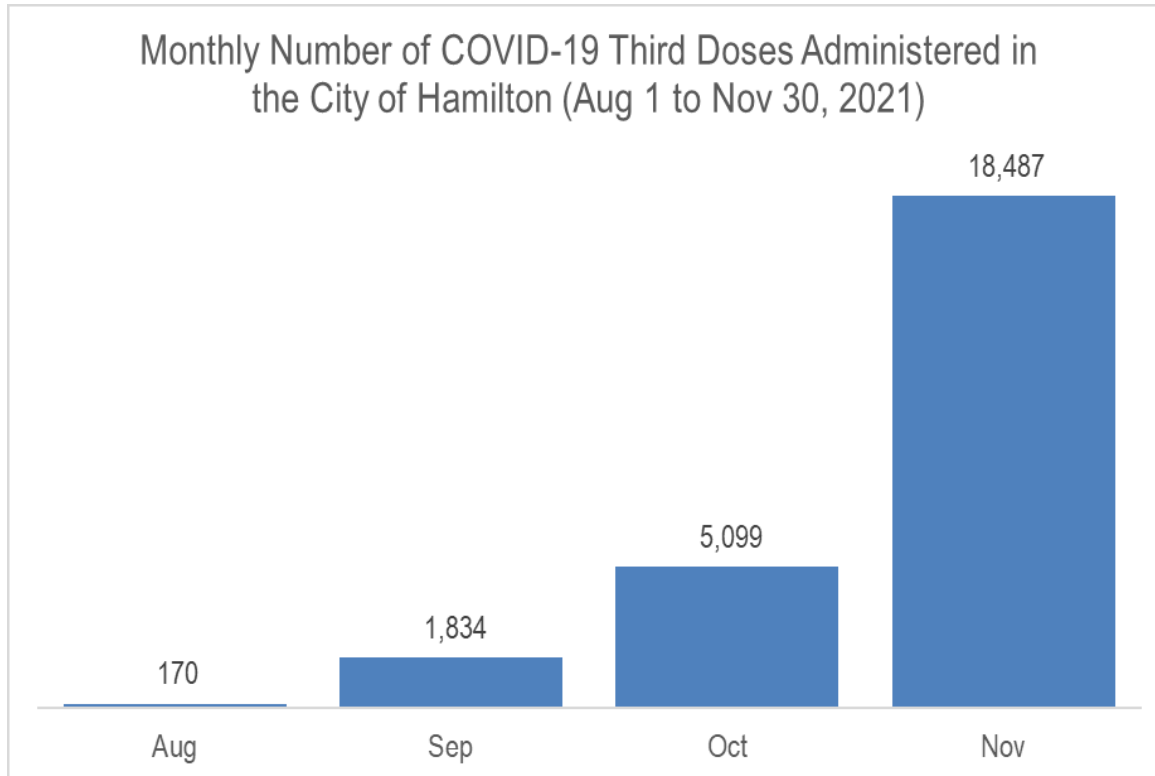
Estimated as of End Of Day December 2, 2021

- Over **5,400** 1st doses have been administered to 5 to 11 years old children residing in Hamilton
- Over **4,700** appointments scheduled at Hamilton clinics between December 3 and December 17, 2021
 - Most at Mountain Vaccine Clinic (LimeRidge Mall), the Centre on Barton, and David Braley Health Sciences Centre Vaccine Clinic
- Combined, represents nearly a quarter of the 5 to 11 years old population in Hamilton

Sources: IntelliHealth (COVAXon Data Load); Hamilton Verto Flow.

COVID-19 Vaccine – Third Doses

Estimated as of End Of Day November 30, 2021



Over **25,000** third doses administered in the City of Hamilton

Administered at various locations with largest volumes in pharmacy, long-term care and retirement homes and public health fixed site clinics

Expecting further increases in December 2021

Sources: IntelliHealth (COVAXon Data Load)

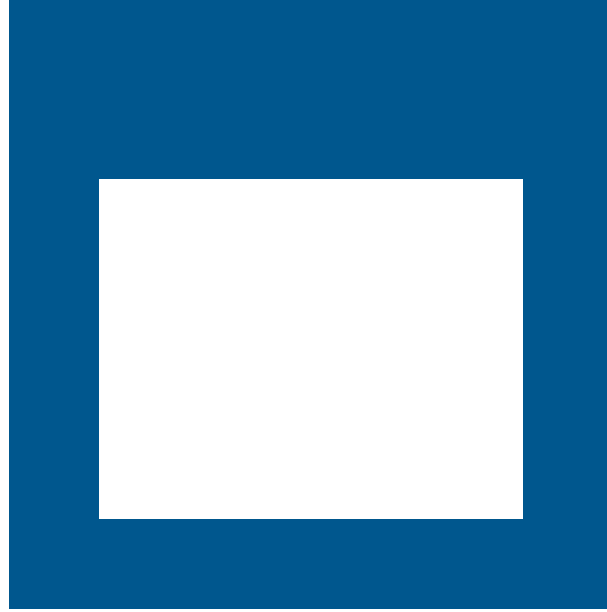
COVID-19 Vaccine – Operational Priorities

- Main Priority – 1st & 2nd Doses (Including 5 to 11 year old children)
 - Secondary Priority – 3rd & Booster Doses
- Key Messages
 - 1st/2nd Doses – Robust & persistent protection
 - 3rd Doses – Recommended, but not mandatory
 - Individuals 50+ years old eligible December 13, 2021

COVID-19 Vaccine - Pediatric Population Overview

- Key Details
 - 5 to 11 year old children
 - 8-week interval
- Booking - Appointments Only
 - Online through City of Hamilton website
 - COVID-19 Vaccine Hotline
- Channels





QUESTIONS?