City of Hamilton
BOARD OF HEALTH
AGENDA

Meeting #:	23-004
Date:	April 3, 2023
Time:	9:30 a.m.
Location:	Council Chambers (BOH) Hamilton City Hall 71 Main Street West

Matt Gauthier, Legislative Coordinator (905) 546-2424 ext. 6437

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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 March 20, 2023

5. COMMUNICATIONS

   5.1 Correspondence from Ann-Marie Kungl, Board Chair, Simcoe Muskoka District Health Unit, respecting Support for Bill S-254, An Act to Amend the Food and Drugs Act (Warning Label on Alcoholic Beverages)

   Recommendation: Be endorsed.

5.2 Correspondence from Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health, respecting Carry Over of 2022-23 Ontario Seniors Dental Program Capital Project Funding - City of Hamilton, Public Health Services - Public Health

Funding and Accountability Agreement (Accountability Agreement)

Recommendation: Be received and the Medical Officer of Health be authorized and directed to receive, utilize, and report on the use of these funds.

5.3 Correspondence from Sylvia Jones, Deputy Premier and Minister of Health, and Dr. Kieran Moore, Chief Medical Officer of Health, respecting One-Time Funding for Public Health Programs

Recommendation: Be received and the Medical Officer of Health be authorized and directed to receive, utilize, and report on the use of these funds.

5.4 Correspondence from Joe Preston, Board of Health Chair, Southwestern Public Health, and Cynthia St. John, Chief Executive Officer, Southwestern Public Health, respecting Support for alPHa's 2023 Pre-Budget Submission

Recommendation: Be received.

6. DELEGATION REQUESTS

7. DELEGATIONS

8. STAFF PRESENTATIONS

9. CONSENT ITEMS

9.1 Public Health Services COVID-19 After-Action Report (BOH23012) (City Wide)

9.2 Dental Program New Build at Upper James Site (BOH23014) (City Wide)

10. DISCUSSION ITEMS

10.1 Dental Program Specification Around Procurement (BOH23013) (City Wide)

11. MOTIONS

12. NOTICES OF MOTION

13. GENERAL INFORMATION / OTHER BUSINESS

13.1 Amendments to the Outstanding Business List:

a. Items Considered Complete and Needing to be Removed:

a. Follow-up: Alcohol, Drug, & Gambling Services and Community Mental Health Promotion Budget 2022-2023 (BOH22012(b)) (City Wide)

OBL Item: 2022-H

Date Added: November 28, 2022 (BOH Report 22-011 as amended by Council - Item 4(d))

Date Completed: February 7, 2023 (GIC Budget Report 23-001 - Item 19)

b. Opioid Emergency Response

OBL Item: 2023-A

Date Added: January 12, 2023 - Special GIC Report 23-002 (Item 1(a))
Date Completed: March 20 2023 (BOH Report 23-003 - Item 3)

14. PRIVATE AND CONFIDENTIAL

15. ADJOURNMENT

BOARD OF HEALTH
MINUTES 23-003

9:30 a.m.
Monday, March 20, 2023
Council Chambers, City Hall, 2nd Floor
71 Main Street West, Hamilton, Ontario

Present: Mayor A. Horwath (Chair)
Councillor M. Wilson (Vice-Chair)
Councillors J. Beattie, C. Cassar, B. Clark, J.P. Danko, M. Francis, T. Hwang, T. Jackson, C. Kroetsch, N. Nann, T. McMeekin, E. Pauls, M. Spadafora, M. Tadeson, A. Wilson

THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

1. (a) Clean Air Hamilton Annual Progress Report 2021 (BOH230010) (City Wide) (Item 8.1)

(Pauls/Cassar)
That Report BOH23010, respecting Clean Air Hamilton Annual Progress Report 2021, be received.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(b) (Nann/Danko)

WHEREAS, ArcelorMittal Dofasco has site-specific air standards granted by the Province of Ontario that allows for the toxic and carcinogenic pollution above provincial air quality standards of benzene, benzo(a)pyrene, suspended particulate matter, manganese & manganese compounds that expires June 30, 2023.

THEREFORE, BE IT RESOLVED:

(i) That staff be directed to review the status of the site-specific air standards granted to ArcelorMittal Dofasco and other industry sectors, and report back to the Board of Health; and,

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie
Absent	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Absent	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 1	Councillor Maureen Wilson

(ii) That the Mayor contact the Minister of Environment, Conservation and Parks to articulate that the City of Hamilton is opposed to any extension or continued special permissions for contaminants above provincially regulated general air standards.

Result: Motion CARRIED by a vote of 8 to 3, as follows:

Yes	-	Mayor Andrea Horwath	
No	-	Ward 10	Councillor Jeff Beattie
Absent	-	Ward 12	Councillor Craig Cassar
No	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
No	-	Ward 5	Councillor Matt Francis

Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Absent	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 1	Councillor Maureen Wilson

2. Modelling Morbidity and Mortality using the Hamilton Airshed Modelling System (BOH18016(a)) (City Wide) (Item 9.2)

(Nann/Kroetsch)
That staff be directed to report back to the Board of Health on the feasibility of integrating the Health Check Revision adverse health outcomes attributed to air pollution including but not limited to neurological and psychiatric disorders, like dementia, cognitive decline or impairment, anxiety, depression and suicide.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie
Absent	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

3. Opioid Emergency Response (BOH23008) (City Wide) (Item 9.1)

(McMeekin/Hwang)
That Report BOH23008, respecting Opioid Emergency Response, be received.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Absent	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 1	Councillor Maureen Wilson

4. 2023 PHS Annual Service Plan & Budget Submission (BOH23011) (City Wide) (Item 10.1)

(Nann/Hwang)

(a) That the Medical Officer of Health be directed to submit the 2023 Annual Service Plan and Budget to the Ministry of Health, in keeping with what is outlined in Board of Health Report (BOH23011);

(b) That the Board of Health reiterate their call to the Ministry of Health to fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the Ontario Public Health Standards;

(c) That the Board of Health reiterate their call to the Ministry of Health to continue the current mitigation funding until such time as the cost-shared arrangement is restored to 75%/25% for all cost-shared programs and that the Province once again assumes 100% funding for those programs identified as such in the public health budget for 2018-2019: and,

(d) That the Board of Health call on the Ministry of Health to include expectations for on-going COVID-19 response in the Ontario Public Health Standards and provide permanent funding to sustain these requirements.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie

Absent	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Absent	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 1	Councillor Maureen Wilson

FOR INFORMATION:

(a) CHANGES TO THE AGENDA (Item 2)

The Committee Clerk advised the Board of the following changes to the agenda:

6. DELEGATION REQUESTS

6.2 Daniel Freiheit, respecting Item 5.8, Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa), respecting the 2022 Chief Medical Officer of Health Annual Report (for today's meeting)

6.3 Jean Fair, respecting Consumption and Treatment Services Site Caveats (for today's meeting)

CHANGE IN THE ORDER OF ITEMS

That Item 9.2 respecting Modelling Morbidity and Mortality using the Hamilton Airshed Modelling System (BOH18016(a)) (City Wide) be moved up on the agenda to be considered prior to Item 9.1 respecting Opioid Response (BOH23008) (City Wide).

(Pauls/Hwang)
That the agenda for the March 20, 2023 Board of Health be approved, as amended.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

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

(i) February 13, 2023 (Item 4.1)

(Hwang/Cassar)
That the Minutes of the February 13, 2023 meeting of the Board of Health be approved, as presented.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann

Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(d) COMMUNICATIONS (Item 5)

(i) **(A. Wilson/Hwang)**
That the following Communication items be approved, as presented:

(a) Correspondence from Carmen McGregor, Chair, Boards of Health Section, and Trudy Sachowski, President, Association of Local Public Health Agencies (alPHa), respecting Boards of Health Order in Council Appointments (Item 5.1)

Recommendation: Be received

(b) Correspondence from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Public Health Sudbury & Districts, respecting Provincial Funding for Consumption and Treatment Services (Item 5.2)

Recommendation: Be Received.

(c) Correspondence from Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer, Public Health Sudbury & Districts, respecting Community Engagement to Address Food Insecurity (Item 5.3)

Recommendation: Be Received.

(d) Correspondence from Douglas Lawrance, Chair, Board of Health, Northwestern Health Unit, respecting Alcohol Health Warning Labels (Item 5.4)

Recommendation: Be Received.

(e) Correspondence from Kathryn Wilson, Chair, Board of Health, Peterborough Public Health, respecting Improvements to Funding Streams to Support Small Businesses and Other Organizations to Improve Air Quality (Item 5.5)

Recommendation: Be Received.

(f) Correspondence from Rick Champagne, Chairperson, Board of Health, North Bay Parry Sound District Health Unit, respecting Food Insecurity in Ontario (Item 5.6)

Recommendation: Be Received.

(g) Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa), respecting June 2023 AGM Notice and Package (Item 5.7)

Recommendation: Be Received.

(h) Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa), respecting the 2022 Chief Medical Officer of Health Annual Report (Item 5.8)

Recommendation: Be Received.

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(e) DELEGATION REQUESTS (Item 6)

(i) **(Nann/Cassar)**
That the following Delegation Requests for the March 20, 2023 Board of Health meeting, be approved:

(a) Kayla Hagerty, respecting Safe Use Spaces and declaring a State of Emergency for Overdose Deaths (Item 6.1)

(b) Daniel Freiheit, respecting Item 5.8, Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa), respecting the 2022 Chief Medical Officer of Health Annual Report (Added Item 6.2)

(c) Jean Fair, respecting Consumption and Treatment Services Site Caveats (Added Item 6.3)

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(f) DELEGATIONS (Item 7)

(i) The following Delegations addressed the Board:

(a) Kayla Hagerty, addressed the Board respecting Safe Use Spaces and declaring a State of Emergency for Overdose Deaths (Item 7.1)

(b) Daniel Freiheit, addressed the Board respecting Item 5.8, Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa), respecting the 2022 Chief Medical Officer of Health Annual Report (Added Item 7.2)

(c) Jean Fair, addressed the Board respecting Consumption and Treatment Services Site Caveats (Added Item 7.3)

(ii) **(Clark/Pauls)**
That the following delegations, be received:

(a) Kayla Hagerty, respecting Safe Use Spaces and declaring a State of Emergency for Overdose Deaths (Item 7.1)

(b) Daniel Freiheit, respecting Item 5.8, Correspondence from Loretta Ryan, Executive Director, Association of Local Public Health Agencies (alPHa), respecting the 2022 Chief Medical Officer of Health Annual Report (Added Item 7.2)

(c) Jean Fair, respecting Consumption and Treatment Services Site Caveats (Added Item 7.3)

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

Yes	-	Mayor Andrea Horwath	
Absent	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Yes	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(g) STAFF PRESENTATIONS (Item 8)

(i) Clean Air Hamilton Annual Progress Report 2021 (BOH23010) (Item 8.1)

Bruce Newbold, Ph.D., Chair, Clean Air Hamilton addressed the Board with a Presentation respecting the Clean Air Hamilton Annual Progress Report.

(Hwang/McMeekin)
That the presentation by Bruce Newbold, Ph.D., Chair, Clean Air Hamilton respecting the Clean Air Hamilton Annual Progress Report, be received.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson
Absent	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

For further disposition of this matter, refer to Item 1(a).

(ii) (Nann/Danko)

WHEREAS, ArcelorMittal Dofasco has site-specific air standards granted by the Province of Ontario that allows for the toxic and carcinogenic pollution above provincial air quality standards of benzene, benzo(a)pyrene, suspended particulate matter, manganese & manganese compounds that expires June 30, 2023.

THEREFORE, BE IT RESOLVED:

(i) That staff be directed to review the status of the site-specific air standards granted to ArcelorMittal Dofasco and other industry sectors, and report back to the Board of Health; and,

(ii) That the Mayor contact the Minister of Environment, Conservation and Parks to articulate that the City of Hamilton is opposed to any extension or continued special permissions for contaminants above provincially regulated general air standards.

Upon the Board's request, sub-sections (i) and (ii) were voted on separately.

For further disposition of this matter, refer to Item 1(b).

(iii) Respiratory Diseases Update (Item 8.2)

Jordan Walker, Director, Communicable Disease Control, addressed the Board with a presentation respecting a Respiratory Diseases Update.

(A. Wilson/Hwang)
That the presentation by Jordan Walker, Director, Communicable Disease Control, respecting a Respiratory Diseases Update, be received.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie
Yes	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Absent	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Absent	-	Ward 6	Councillor Tom Jackson
Yes	-	Ward 2	Councillor Cameron Kroetsch
Yes	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Yes	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Yes	-	Ward 1	Councillor Maureen Wilson

(h) ADJOURNMENT (Item 15)

(Hwang/Francis)
That, there being no further business, the Board of Health be adjourned at 12:48 p.m.

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

Yes	-	Mayor Andrea Horwath	
Yes	-	Ward 10	Councillor Jeff Beattie
Absent	-	Ward 12	Councillor Craig Cassar
Yes	-	Ward 9	Councillor Brad Clark
Yes	-	Ward 8	Councillor John-Paul Danko
Yes	-	Ward 5	Councillor Matt Francis
Yes	-	Ward 4	Councillor Tammy Hwang
Yes	-	Ward 6	Councillor Tom Jackson

Yes	-	Ward 2	Councillor Cameron Kroetsch
Absent	-	Ward 15	Councillor Ted McMeekin
Yes	-	Ward 3	Councillor Nrinder Nann
Absent	-	Ward 7	Councillor Esther Pauls
Absent	-	Ward 14	Councillor Mike Spadafora
Yes	-	Ward 11	Councillor Mark Tadeson
Yes	-	Ward 13	Councillor Alex Wilson
Absent	-	Ward 1	Councillor Maureen Wilson

Respectfully submitted,

Mayor Andrea Horwath,
Chair, Board of Health

Matt Gauthier
Legislative Coordinator
Office of the City Clerk

simcoe muskoka
DISTRICT HEALTH UNIT

March 15, 2023

Honourable Jean-Yves Duclos
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
jean-yves.duclos@parl.gc.ca

Dear Honourable Minister Duclos:

Re: Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)'

On March 15, 2023, the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) received information on the 2023 Canada's Guidance on Alcohol & Health and passed a motion to endorse Bill S-254 – An Act to Amend the Food and Drug Act (Warning Label on Alcoholic Beverages), calling on the federal government of Canada to implement health warning labels on alcohol.

According to the Canadian Community Health Survey (CCHS) in 2019/20, 20% of adults in Simcoe Muskoka ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week. This was significantly higher than the comparable provincial average of 15%. SMDHU's Board of Health is committed to our mandate under the Ontario Public Health Standards to influence the development and implementation of healthy policies and programs related to alcohol and other drugs to reduce harms associated with substance use.

As such, we ask for your support of Bill S-254 and the implementation of federally mandated labels on all alcohol containers sold in Canada, to better inform Canadians about the health risks of alcohol. This is especially important given that the majority of Canadians are unaware that alcohol is classified by the World Health Organization (WHO) as a Class 1 carcinogen and is a cause of 7 different types of cancer, including breast and colon.

Bill S-254 aligns with the recent call in Canada's Guidance on Alcohol and Health for mandatory labelling of all alcoholic beverages with the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings. This recommendation by the Canadian Centre on Substance Use and Addiction is based on their 2022 systematic review of enhanced alcohol container labels, and is supported by other scientific experts in the field, including Evidence-based Recommendations for Labelling Alcohol Products in Canada developed by Canadian Alcohol Policy Evaluation (CAPE) Project researchers. A recent study in Yukon has contributed to the growing evidence base regarding the impact of warning labels; briefly introduced labels on alcohol products in government-owned liquor stores saw sales of labelled alcohol products decrease by 6.6%, while sales of unlabeled alcohol products increased by 6.9%[1] . The extensive evidence regarding warning labels applied to tobacco products is also informative, having been shown to lead to increased health knowledge and decreased tobacco use (WHO, 2022).

In Canada, similar to tobacco and cannabis products, it is time for the Government of Canada to require warning labels on alcohol. According to a 2020 report on Canadian Substance Use Costs and Harms, alcohol is a drug that cost Canada $16.6 billion and was responsible for more than 18,000 deaths in 2017 alone.

The Senate plays a key role in introducing legislation to serve the best interests of Canadians and we urge you to join Senator Brazeau in supporting Bill S-254.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl, Board of Health Chair
Simcoe Muskoka District Health Unit

AMK:CG:LS:sh

cc:

Members of Parliament for Simcoe and Muskoka
Ontario Boards of Health
Dr. Kieran Moore, Chief Medical Officer of Ontario
Senator Patrick Brazeau
Loretta Ryan, Executive Director, Association of Local Public Health Agencies, alPHa
Dr. Theresa Tam, Chief Public Health Officer of Canada

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[1] Weerasinghe, A., Schoueri-Mychasiw, N., Vallance, K., Stockwell, T., Hammond, D., McGavock, J., Greenfield, T.K., Paradis, C., Hobins, E. Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study. *Int. J. Environ. Res. Public Health 2020*, 17, 398. Retrieved from: https://doi.org/10.3390/ijerph17020398

Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
Box 12,
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Tel.: 416 212-3831
Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
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Toronto, ON M7A 1N3

Tél. : 416 212-3831
Téléc. : 416 325-8412

March 17, 2023

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

Dear Dr. Richardson:

Re: Carry Over of 2022-23 Ontario Seniors Dental Care Program Capital Project Funding – City of Hamilton, Public Health Services – Public Health Funding and Accountability Agreement (Accountability Agreement)

I am writing to you regarding your request to carry over funds from 2022-23 into 2023-24 for the Ontario Seniors Dental Care Program Capital Project: Public Health Services Seniors Dental Clinic under the Accountability Agreement with the Ministry, in which your request and our records outline the following:

Sector/Program: Ontario Seniors Dental Care Program Capital Project: Public Health Services Seniors Dental Clinic
TPR Name: City of Hamilton, Public Health Services
Total Amount of Ontario Seniors Dental Care Capital Project Funding Provided in 2022-23: $157,700
Amount of Unspent Funding in 2022-23: $135,700
Amount of Unspent Funding Requested to be Carried Forward into 2023-24: $135,700

In light of the unprecedented and exceptional circumstances related to COVID-19, your request for carry over of $135,700 in unspent 2022-23 Ontario Seniors Dental Care Program Capital Project: Public Health Services Seniors Dental Clinic transfer payment funding into 2023-24 has been assessed and is hereby approved according to the following criteria:

- The funding has been issued to your organization (i.e., your organization has received the funding).
- Your organization was unable to use the full amount of transfer payment funding within 2022-23.

.../2

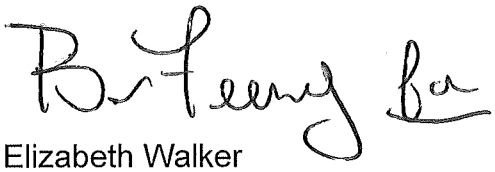
Dr. Elizabeth Richardson

- The carry over of funds will assist your organization in addressing COVID-19 related pressures and to complete the project/initiative/services in 2023-24 (e.g., if the carry over is not permitted you will face a financial pressure next year to complete the project/initiative/services).
- The carry over of funds will be used for the original intention and will **not** be repurposed to cover other costs not originally contemplated in the Accountability Agreement.
- Settlements for transfer payment funding that is not approved for carry over will be required.
- Reconciliation of all transfer payment funding, including carry over funding will be required at a future date.
- Your organization must note the carry over of approved unspent funding in:
  - The notes section (with attestation that the underspending will address COVID-19 related pressures) of your organization's audited financial statements for 2022-23 and 2023-24; and/or,
  - A third-party auditor sign-off on both the Ontario Seniors Dental Care Program Capital Project Settlement Report and Public Health Unit Attestation that carry forward was appropriate and accurately reported in the City of Hamilton, Public Health Services audited financial statements for 2022-23 and 2023-24.

At our first available opportunity, the Office of Chief Medical Officer, Public Health, will send your Board of Health a new Schedule A to the Accountability Agreement that will include the carry over of 2022-23 funding.

Should you require any further information and/or clarification, please contact Brent Feeney, Director, Accountability and Liaison Branch, at 416-671-3615 or by email at Brent.Feeney@ontario.ca.

Yours truly,



Elizabeth Walker
Executive Lead

c: Mayor Andrea Horwath, Chair, Board of Health, City of Hamilton, Public Health Services
Bradley Felker, Business Administrator, City of Hamilton, Public Health Services
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
Jim Yuill, Director, Financial Management Branch, MOH
James Stewart, Director, Health Capital Investment Branch, MOH
Heather Schramm, Director (A), Health Promotion & Prevention Policy & Programs, MOH
Brent Feeney, Director, Accountability and Liaison Branch, MOH

Ministry of Health

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and Minister of Health

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Ontario

eApprove-72-2023-471

March 24, 2023

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

Dear Mayor Eisenberger:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the City of Hamilton, Public Health Services up to $1,128,950 in one-time funding for the 2022-23 funding year, and up to $2,236,850 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

Dr. Kieran Moore, Chief Medical Officer of Health (CMOH) and Assistant Deputy Minister, will write to the City of Hamilton, Public Health Services shortly concerning the terms and conditions governing the funding.

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

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Elizabeth Richardson, Medical Officer of Health, City of Hamilton, Public Health Services
Dr. Kieran Moore, CMOH and Assistant Deputy Minister, Public Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

Ministry of Health

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Ontario

eApprove-72-2023-471

March 24, 2023

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

Dear Dr. Richardson:

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

This letter is further to the recent letter from the Honourable Sylvia Jones, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health (the "ministry") will provide the Board of Health with up to $1,128,950 in one-time funding for the 2022-23 funding year, and up to $2,236,850 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

This will bring the total maximum funding available under the Agreement for the 2022-23 funding year to up to $58,230,800 ($31,231,200 in base funding and $26,999,600 in one-time funding). Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement, shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

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

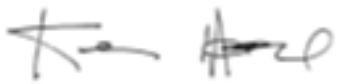
It is also essential that you manage costs within your approved budget.

…/2

Dr. Elizabeth Richardson

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Brent Feeney, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health, at 416-671-3615 or by email at Brent.Feeney@ontario.ca.

Yours truly,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

Attachments

c: Mayor Andrea Horwath, Chair, Board of Health, City of Hamilton, Public Health Services
Bradley Felker, Business Administrator, City of Hamilton, Public Health Services
Jim Yuill, Director, Financial Management Branch, MOH
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health, MOH
Brent Feeney, Director, Accountability and Liaison Branch, MOH

New Schedules to the Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

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

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2022

Issued March 2023

SCHEDULE "A"
GRANTS AND BUDGET

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

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1ST TO DECEMBER 31ST, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	**Approved Allocation ($)**
Mandatory Programs (70%)[1]	26,992,700
MOH / AMOH Compensation Initiative (100%)[2]	168,000
Ontario Seniors Dental Care Program (100%)[3]	4,070,500
Total Maximum Base Funds[4]	**31,231,200**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2022 TO MARCH 31, 2023, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2022-23 Approved Allocation ($)**
Cost-Sharing Mitigation (100%)[5]			2,215,800
Mandatory Programs: Needle Exchange Program (100%)			19,000
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)			173,600
Mandatory Programs: Public Health Inspector Practicum Program (100%)			30,000
COVID-19: General Program (100%)[5]			4,602,800
COVID-19: Vaccine Program (100%)[5]			16,577,700
Ontario Seniors Dental Care Program (100%)			352,600
Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)			157,700
School-Focused Nurses Initiative (100%)	# of FTEs	**23**	2,292,400
Temporary Retention Incentive for Nurses (100%)			578,000
Total Maximum One-Time Funds[4]			**26,999,600**

MAXIMUM TOTAL FUNDS	**2022-23 Approved Allocation ($)**
Base and One-Time Funding	**58,230,800**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2023 to MARCH 31, 2024, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2023-24 Approved Allocation ($)**
Cost-Sharing Mitigation (100%)[6]			2,215,800
Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)			586,500
School-Focused Nurses Initiative (100%)[7]	# of FTEs	**23**	575,000
Total Maximum One-Time Funds[4]			**3,377,300**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	**2021-22 Approved Allocation ($)**
Temporary Retention Incentive for Nurses (100%)	578,000
Total Maximum One-Time Funds[4]	**578,000**

NOTES:

(1) Base funding increase for Mandatory Programs is pro-rated at $200,475 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be $26,925,875.

(2) Cash flow will be adjusted to reflect the actual status of current Medical Officer of Health and Associate Medical Officer of Health positions.

(3) Base funding increase for the Ontario Seniors Dental Care Program is pro-rated at $1,366,800 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be $3,614,900.

(4) Maximum base and one-time funding is flowed on a mid and end of month basis, unless otherwise noted by the Province. Cash flow will be adjusted when the Province provides a new Schedule "A".

(5) Approved one-time funding is for the period of January 1, 2022 to December 31, 2022.

(6) Approved one-time funding is for the period of January 1, 2023 to December 31, 2023.

(7) Approved one-time funding is for the period of April 1, 2023 to June 30, 2023.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:
1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

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

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

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

Naloxone Kit Distribution and Training

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

Type of Funding	***BASE FUNDING***

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

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

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

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

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

Type of Funding	***BASE FUNDING***

- Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance

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

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

Mandatory Programs: Healthy Smiles Ontario Program

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

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

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

Type of Funding	***BASE FUNDING***

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

Mandatory Programs: Nursing Positions

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

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

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:
- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

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

Mandatory Programs: Smoke-Free Ontario

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

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

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

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

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

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Ontario Seniors Dental Care Program (100%)

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

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure. The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2022, with consideration being given to the ongoing implementation challenges presented by the COVID-19 response.

Program Enrolment

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

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

Program Delivery

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Where OSDCP client service access issues exist, as evidenced by waiting lists, for example, the Board of Health must take prompt action as feasible to establish OSDCP partnership agreements to address these access issues, including engaging in outreach and consultation with local dental providers and in compliance with the Board of Health or municipal procurement processes.

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

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

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

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

transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

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

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

Other Requirements

Marketing

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

Revenue

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

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state

Type of Funding	***BASE FUNDING***

funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.

- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

Cost-Sharing Mitigation (100%)

One-time cost-sharing mitigation funding must be used to offset the increased costs of municipalities as a result of the 70% (provincial) / 30% (municipal) cost-sharing change for mandatory programs.

Mandatory Programs: Needle Exchange Program (100%)

One-time funding must be used for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes, associated disposal costs, and other operating costs.

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

One-time funding must be used for the purchase of 9 new purpose-built vaccine refrigerator(s) used to store publicly funded vaccines. The purpose-built refrigerator(s) must meet the following specifications:

a. Interior
   - Fully adjustable, full extension stainless steel roll-out drawers;
   - Optional fixed stainless-steel shelving;
   - Resistant to cleaning solutions;
   - Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
   - Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
   - Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System
   - Heavy duty, hermetically sealed compressors;
   - Refrigerant material should be approved for use in Canada;
   - Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
   - Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors
   - Full view non-condensing, glass door(s), at least double pane construction;
   - Option spring-loaded closures include ≥90º stay open feature and <90º self-closing feature;
   - Door locking provision;
   - Option of left-hand or right-hand opening; and,
   - Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat
   - The thermostat should be set at the factory to +5ºC with a control range between +2ºC to +8ºC but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer

- An automatic temperature recording and monitoring device with battery backup;
- An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1ºC;
- The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
- The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5ºC or better.

f. Alarm Condition Indicator
- Audible and visual warnings for over-temperature, under-temperature and power failure;
- Remote alarm contacts;
- Door ajar enunciator; and,
- Alarm testing system.

g. Top or Bottom Mounted Compressors/Condensers
- Compressor mounted at top or bottom but not in rear.

h. Noise Levels
- The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.

i. Locking Plug
- Power supply must have a locking plug.

j. Castors
- Heavy duty locking castors either installed at the factory or upon delivery.

k. Voltage Safeguard
- Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.

l. Warranty
- The warranty should include, from date of acceptance, a five-year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than 12 hours after the service call was made. Software upgrades provided free of charge during the warranty period.

m. Electrical Equipment
- All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

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

One-time funding must be used to hire one (1) or more Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

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

COVID-19: General Program (100%)

One-time funding must be used to offset extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province (excluding costs associated with the delivery of the COVID-19 Vaccine Program). Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – Salaries and benefits, inclusive of overtime for existing or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; salaries and benefits associated with overtime worked by indirect staff (e.g., finance, human resources, legal, communications, etc.) and management staff (where local Board of Health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities.
- Travel and Accommodation – for staff delivering COVID-19 service away from their home office location, or for staff to conduct infectious disease surveillance activities (swab pick-ups and laboratory deliveries).
- Supplies and Equipment – small equipment and consumable supplies (including laboratory testing supplies and personal protective equipment) not already provided by the Province, and information and information technology upgrades related to tracking COVID-19 not already approved by the Province.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services including courier services and rental cars, data entry or information technology services for reporting COVID-19 data to the Province (from centres in the community that are not operated by the Board of Health) or increased services required to meet pandemic reporting demands, outside legal services, and additional premises rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

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

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a Public Health Unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:
- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost, including lost revenue claimed by another organization and/or third party.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.
- Costs associated with COVID-19 case and contact management self-isolation sites.
- Costs associated with municipal by-law enforcement.
- Electronic Medical Record systems.

The Board of Health is required to track COVID-19 spending separately and retain records of COVID-19 spending.

COVID-19: Vaccine Program (100%)

One-time funding must be used to offset extraordinary costs associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID-19 vaccination campaign plans. Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:
- Staffing – salaries and benefits, inclusive of overtime, for existing staff or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, human resources, legal, communications, etc.) and management staff (where local Board of Health policies permit such

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

arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities. Activities include providing assistance with meeting provincial and local requirements for COVID-19 surveillance and monitoring (including vaccine safety surveillance, adverse events and number of people vaccinated), administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/ vaccine clinics.

- Travel and Accommodation – for staff delivering COVID-19 Vaccine Program services away from their home office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.
- Supplies and Equipment – supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers, etc.), small equipment and consumable supplies (including personal protective equipment) not already provided by the Province, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the Province, information and information technology upgrades related to tracking COVID-19 immunization not already approved by the Province.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting COVID-19 data related to the Vaccine Program to the Province from centres in the community that are not operated by the Board of Health or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19 immunization outreach.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a Public Health Unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost, including lost revenue claimed by another organization and/or third party.

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

- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.

The Board of Health is required to track COVID-19 spending separately and retain records of COVID-19 spending.

Ontario Seniors Dental Care Program (100%)

One-time funding must be used by the Board of Health to offset extraordinary costs associated with delivering the OSDCP.

Ontario Seniors Dental Care Program Capital: Public Health Services Seniors Dental Clinic (100%)

As part of the OSDCP, capital funding is being provided to support capital investments in Boards of Health, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to build a two (2) operatory Public Health Services Seniors Dental Clinics with a dedicated instrument reprocessing/sterilization area. The Board of Health will be securing space to accommodate the 2 operatory dental clinics. Eligible costs include the addition of the 2 new dental operatories, an instrument reprocessing and sterilization area, a Pan X-ray room, staff and storage areas, as well as equipment and furniture.

Other requirements of this capital funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- Capital funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this Capital funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created to support additional nursing FTE capacity in every Board of Health to provide rapid-response support to school boards and schools, child care, and camps in facilitating public health preventative measures related to the COVID-19, including screening, testing, tracing, vaccination, education and mitigation strategies.

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

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

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

The initiative is being implemented with the following considerations:

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

Qualifications required for these positions are:

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

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

Temporary Retention Incentive for Nurses (100%)

Nurses are critical to the province's health workforce and its ongoing response to COVID-19. Across the province, nurses have demonstrated remarkable dedication, professionalism, and resilience.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

Ontario has introduced a temporary financial incentive to support nursing retention and stabilize the current nursing workforce during this critical time.

Through the Temporary Retention Incentive for Nurses, the Province is providing a lump sum payment of up to $5,000 for eligible full-time nurses and a prorated payment of up to $5,000 for eligible part-time and casual nursing staff across the province. The payment will be paid by employers, including Boards of Health, in two (2) installments, with the first payment made in Spring 2022 and second payment made in September 2022.

The eligibility period for the program is related to work performed between **February 13, 2022 to April 22, 2022**. To receive the first payment, nurses must be in employment as a practicing nurse on **March 31, 2022**. To receive the second payment, nurses must be in employment as a practicing nurse on **September 1, 2022**.

All those employed as practicing nurses (Registered Nurses, Registered Practical Nurses, Nurse Practitioners) are eligible for the incentive, except for:

- Those in private duty nursing.
- Those employed by schools / school boards.
- Those employed by postsecondary institutions.
- Nursing executives (i.e., Chief Nursing Officer).

In addition:

- Hours worked in any of the "excluded" areas are not eligible.
- Hours worked for Temporary Staffing Agencies are not eligible.
- Nurses are not eligible to receive any payment if they retire or leave employment prior to March 31, 2022.
- Nurses are only eligible to receive one payment if they retire or leave employment as a nurse prior to September 1, 2022.

One-time funding must be used to support implementation of the Temporary Retention Incentive for Nurses in accordance with the *Temporary Retention Incentive for Nurses Program Guide for Broader Public Sector Organizations*, and any subsequent direction provided by the Province. The Board of Health is required to consider various factors, including those identified in the Guide, to determine the appropriate implementation and eligibility of the program at its Public Health Unit.

The Board of Health is required to monitor the number of full-time employees receiving the incentive as well as the number of eligible part-time/casual hours. The Board of Health is also required to create and maintain records of payments and records must include the following details for each eligible worker:

- Number of work hours eligible for pandemic hourly pay.
- Gross amount of paid out to eligible workers.
- Number of statutory contributions paid by employers because of providing pay to eligible workers (applicable to part-time/casual workers).
- Completed employee attestations.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Infectious Diseases Programs Reimbursement

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

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

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

Leprosy

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

Tuberculosis

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

Vaccine Programs Reimbursement

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

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

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

Influenza

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Meningococcal

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

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

Human Papillomavirus (HPV)

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

SCHEDULE "C"

REPORTING REQUIREMENTS

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

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

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	March 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. COVID-19 Expense Form	For the entire Board of Health Funding Year	As directed by the Province
6. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province

Name of Report	Reporting Period	Due Date
7. Temporary Retention Incentive for Nurses Reporting	For the entire Board of Health Funding Year	June 1 of the current Board of Health Funding Year October 3 of the current Board of Health Funding Year
8. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:
"Q1" means the period commencing on January 1st and ending on the following March 31st.

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

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

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

Report Details

Annual Service Plan and Budget Submission

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

Quarterly Standards Activity Reports

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

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.

COVID-19 Expense Form

- The Board of Health shall complete and submit actual and forecasted expenditures associated with COVID-19 extraordinary costs (for both the COVID-19 Vaccine Program and the COVID-19 General Program) through the submission of a COVID-19 Expense Form.
- The COVID-19 Expense Form shall be signed on behalf of the Board of Health by an authorized signing officer.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Supporting documentation such as employment contracts must be provided by the Board of Health, as requested by the Province.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

Temporary Retention Incentive for Nurses

- The Board of Health will be required to monitor and report on the number of full-time employees receiving the incentive, as well as the number of eligible part-time / casual hours. Key reporting timelines, which are subject to change, are as follows:
  - **June 1, 2022:** status update on progress of first payments to be provided to the Province.
  - **October 3, 2022:** status update on progress of second payments to be provided to the Province.

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

March 24, 2023

The Honourable Peter Bethlenfalvy
Minister of Finance
Frost Building North, 7th Floor
7 Queen's Park Cres.
Toronto, ON M7A 1Y7

Delivered via email
peter.bethlenfalvy@pc.ola.org

Dear Minister Bethlenfalvy,

On behalf of the Board of Health for Southwestern Public Health (SWPH), we are writing to express our strong support for the Association of Local Public Health Agencies' (alPHa) 2023 Pre-Budget Submission. We believe that alPHa's pre-budget submission outlines what is needed with respect to public health investments that are crucial for the health and well-being of communities across Ontario.

The COVID-19 pandemic has highlighted the importance of investing in public health infrastructure, and alPHa's recommendations within its *Public Health Resilience in Ontario* report, are a critical step in ensuring that Ontario is prepared for future public health emergencies. The *Report* well articulates the need for investments in public health that are required for ongoing pandemic response, tackling public health's extensive backlog not unlike the health care system's 'surgical backlog', and restarting extensive programs and services provincially mandated under the Ontario Public Health Standards.

The Ontario Government invested in public health during the most extraordinary emergency response of our lifetime by ensuring we were well-resourced to keep Ontarians safe. For that, we are most appreciative. Our work before the pandemic and after involves the very same principles applied during the pandemic. Protection, promotion, and prevention are the pillars of public health work to ensure every Ontarian has the best opportunity for a healthy life. The return on your government's public health investment lessens the burden on the health care system tomorrow, next month, next year, and for years to come. Local public health agencies working in collaboration with dozens of partners, are keen to tackle what needs to be done especially after this unprecedented pandemic and the lingering unintended consequences we are left with. To do our best work, we need adequate and sustaining funding to ensure our communities are healthy and economically vibrant.

In conclusion, we strongly support alPHa's 2023 Pre-Budget Submission. Please give this pre-budget submission serious consideration.

Sincerely,

Joe Preston
Chair, Board of Health
Southwestern Public Health

Cynthia St. John
Chief Executive Officer
Southwestern Public Health

c: The Honourable Doug Ford, Premier of Ontario
The Honourable Sylvia Jones, Deputy Premier of Ontario and Minister of Health
Ernie Hardeman, MPP Oxford County
Rob Flack, MPP Elgin Middlesex London
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health
Sandra Datars-Bere, CAO, City of St. Thomas
Ben Addley, CAO, Oxford County
Julie Gonyou, CAO, County of Elgin

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 3, 2023
SUBJECT/REPORT NO:	Public Health Services COVID-19 After-Action Report (BOH23012) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Kris Nagel (905) 546-2424 Ext. 7102 Rachel Harris (905) 546-2424 Ext. 4239
SUBMITTED BY: **SIGNATURE:**	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services

COUNCIL DIRECTION

Not Applicable.

INFORMATION

The purpose of this report is to present the Hamilton Public Health Services' COVID-19 After-Action Report. The City of Hamilton's Emergency Operations Centre After-Action Report: COVID-19 Pandemic Response was presented to the General Issues Committee at the September 21, 2022 meeting (Report CM22010(a)).

After-action reviews and the resulting report are tools used in emergency responses to document and debrief what went well, opportunities for improvement, and recommendations that would help strengthen future responses. The scope of the Public Health Services COVID-19 After-Action Report is the Hamilton Public Health Services emergency response. It focused on the structure and functioning of the Public Health Services internal Incident Management System (IMS). By focusing on Public Health Services internal functioning and processes, after-action review findings will be relevant for future emergency responses. The Public Health Services COVID-19 After-Action Report outlines successes, challenges, lessons learned, and recommendations.

The impacts, magnitude, and complexity of the COVID-19 pandemic are unprecedented. Public Health Services managed a substantial increase in staff. The

number of staff was in a constant state of flux. At times, Public Health Services had over 500 employees dedicated to responding locally, in addition to other staff deployed from the City and community and healthcare partners. This collaborative effort – along with the actions and sacrifices of the community – had a substantial impact on reducing the impacts of COVID-19 in our community. Two important successes documented in the After-Action Report include making a difference in mitigating the spread of COVID-19 and the collaborative community response.

The unprecedented nature of the COVID-19 pandemic led to challenges for the Public Health Services response. For example, there were significant workload, staffing demands, and rapidly changing information and guidance. To address these, Public Health Services applied continuous quality improvement and identified key learnings that were implemented during the response. These key learnings are enclosed in the Public Health Services COVID-19 After-Action Report, such as focusing on mental wellbeing for staff early in the response and developing robust community engagement strategies to support vaccine uptake. These lessons learned serve as important guidance for future responses, particularly those involving vaccination.

These and other successes, challenges, and lessons learned informed a set of recommendations that will help improve a future response. Recommendations focus on strengthening Public Health Services competencies, addressing the impacts of COVID-19 on the workforce, and opportunities to improve efficiency and program delivery. These recommendations, along with additional successes, challenges, and lessons learned, are further described in the Public Health Services COVID-19 After-Action Report.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH23012	Public Health Services COVID-19 After Action Report

PUBLIC HEALTH SERVICES

COVID-19 AFTER-ACTION REPORT

Hamilton

> COVID-19 was a significant public health – and societal - crisis both globally and locally that impacted how Hamilton Public Health Services delivers services. It also provided us with an opportunity to assess our performance to leverage our successes and learn how we can continually improve in our response. We've identified several recommendations that will help further our preparedness and resiliency for future emergencies.
>
> ***Dr. Elizabeth Richardson***
> *Medical Officer of Health*

PUBLIC HEALTH SERVICES

COVID-19 **AFTER-ACTION REPORT**

Contents

Hamilton

Introduction

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a global pandemic, which coincided with the first case in Hamilton. Locally, Public Health Services (PHS) had been working with health system partners since late January 2020 to prepare for the emerging virus. The magnitude and complexity of the response required an all hands-on deck approach over the next couple of years. Between March 2020 and December 2022, 72,060 cases of COVID-19 were reported in Hamilton and 658 deaths. At times during that period, PHS had over 500 employees dedicated to the response. Their dedication, combined with the significant actions and sacrifices of the community, helped prevent further tragedy and should be commended. Even with these collective efforts, the COVID-19 pandemic has created lasting mental, emotional, social, and economic impacts locally and across the world.

Emergency management is one of the Foundational Standards outlined in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards). Under these Standards, the Board of Health is required to:

> *"effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines."*

Further, Ontario's Emergency Management Guideline (2018) supports Boards of Health in "developing, implementing, and evaluating emergency management programs according to the requirements of the Standards." The Standards and the Guideline both highlight the importance of focusing on continuous improvement and documenting the emergency response to strengthen practice and support learning. It is critical to review and assess actions taken during an emergency response to document and debrief successes, challenges, learnings, recommendations, and actions for improvement (World Health Organization, 2019). This process is known as an After-Action Review (AAR).

This report shares findings from an AAR conducted to evaluate the structure and functioning of PHS' Incident Management System (IMS). The report is an internal review by staff with a focus on processes that supported the response as opposed to specific outcomes or actions. By focusing on internal functioning and processes, findings will be more applicable and relevant to aid in future emergency responses.

-A-GLANCE

COVID-19 in Hamilton

Between **March 2020** and **December 2022**:

72,060
cases reported

658
deaths reported

1,249
outbreaks declared

537,019
tests completed at Hamilton assessment centres

1,432,325
vaccine doses administered

Hamilton

Response Overview & Timeline

IMS is a documented approach used for managing emergency incidents, guided by the principles of communication, coordination, collaboration, and flexibility (Emergency Management Ontario, 2021). IMS is an industry best practice and is used nationally, provincially and locally when responding to an emergency. IMS provides common structures and roles that can be adapted to any emergency, in order to delineate responsibilities and support effective communication in a response. The core functions of an IMS are Coordination and Command, Operations, Planning, Logistics, Public Information Management (Communication), and Finance and Administration. Each of these functions is governed by a dedicated Section Chief.

This after-action report focuses on PHS' internal IMS structure. There were several IMS structures that guided the City of Hamilton's COVID-19 response. The City of Hamilton Emergency Operations Centre (EOC) governed the municipal response and has completed an After-Action Review using a similar approach. Although PHS was responsible for developing and implementing the COVID-19 vaccine administration plan, many aspects were undertaken and supported by healthcare and community partners through the Vaccine Task Force, a subgroup of the Hamilton COVID-19 Response Table. Feedback from partners specific to the vaccine rollout is included in this report to ensure successes, challenges, and recommendations are captured to support future emergency responses. In addition, lessons learned from community engagement in the COVID-19 vaccine rollout are captured in the "Community Impact on Equitable Vaccine Delivery in Hamilton" report (2022), prepared by the Vaccine Readiness Network.

Structure

The graphic below depicts a truncated version of the IMS structure that PHS operated in throughout the COVID-19 response. The actual structure consisted of many subsections not shown below that expanded and contracted throughout the various COVID-19 waves.

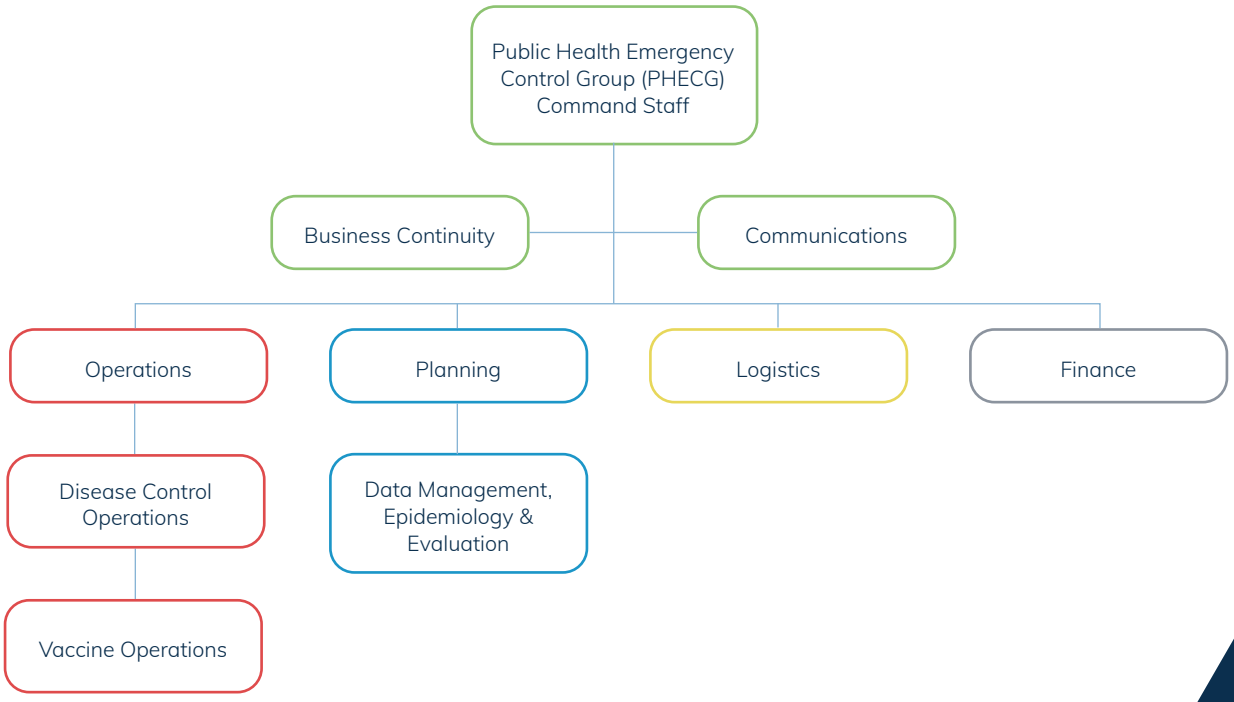


Figure 1: PHS COVID-19 IMS Structure

Timeline

2020

JAN 24 — PHS establishes internal COVID-19 planning group

JAN 28 — First meeting of the Health Sector Emergency Management Committee (HSEMC)

MAR 11 — First COVID-19 case in Hamilton

MAR 12 — City of Hamilton activates the Emergency Operations Centre

MAR 12 — Ontario orders schools to close for two weeks following March Break

MAR 16 — Hospital assessment centres open (COVID-19 polymerase chain reaction (PCR) Testing Site)

MAR 17 — Province declares first State of Emergency

MAR 20 — First COVID-19 outbreak in Hamilton

MAR 23 — Province orders closing of non-essential businesses

APR 12 — Province announces all schools moved to remote learning

APR 17 — Drive-through COVID-19 testing centre opens at Dave Andreychuk Mountain Arena

APR 17 — Declaration of Municipal Emergency

APR 27 — Province releases "A Framework for Reopening our Province"

JUN 19 — Hamilton moves to Provincial Phase 2: Restart as part of "A Framework for Reopening our Province"

JUL 17 — Council approves mandatory masking by-law effective July 20

JUL 22 — Ontario Legislature passes *The Reopening Ontario Act, 2020*

JUL 24 — Hamilton moves to Provincial Phase 3: Recover as part of "A Framework for Reopening our Province"

JUL 24 — Provincial State of Emergency declaration ends

AUG 12 — HSEMC transitions to Hamilton COVID-19 Response Table (H-CRT)

AUG 13 — Council approves physical distancing by-law

SEP 14 — HWDSB and HWCDSB decide that the majority of Hamilton schools will reopen to students

OCT 2 — Province announces restrictions including province-wide masking regulations and pause on social circles/bubbles

NOV 3 — Province releases "Keeping Ontario Safe and Open Framework"

NOV 7 — Hamilton enters Yellow "Protect" Category as part of the "Keeping Ontario Safe and Open" framework

NOV 16 — Hamilton moved to Red "Control" Category as part of the "Keeping Ontario Safe and Open" framework

DEC 13 — COVID-19 vaccine arrives in Canada

DEC 20 — First Vaccine Readiness Network meeting held

DEC 21 — Hamilton enters Grey "Lockdown" category as part of the "Keeping Ontario Safe and Open" framework

DEC 23 — Hamilton Health Sciences Vaccine Clinic opens

DEC 23 — First COVID-19 vaccine administered in Hamilton

DEC 26 — Province-wide shutdown begins

DEC 26 — Ontario confirms first cases of Delta variant

2021

JAN 3
Province announces all schools moved to remote learning

JAN 12
Province declares second State of Emergency

JAN 14
Stay-at-Home Order Begins in Ontario

FEB 8
Province announces that most schools, including those in Hamilton, can reopen for in-person learning

FEB 9
Provincial State of Emergency declaration ends

FEB 16
Hamilton enters Red "Control" Category as part of the "Keeping Ontario Safe and Open" framework

MAR 1
St. Joseph's Healthcare Hamilton Vaccine Clinic opens

MAR 2
PHS Mobile Vaccine Clinics open

MAR 22
PHS opens FirstOntario Centre Vaccine Clinic, with support from EOC, redeployed City of Hamilton staff, and community partners

MAR 29
Hamilton moves to Grey "Lockdown" Category as part of the "Keeping Ontario Safe and Open" framework

APR 3
Province initiates "Emergency Brake" for entire province, reinstating a number of public health measures

APR 7
Province announces two "hot spot" postal codes in Hamilton, opening up vaccine eligibility for people living in these neighbourhoods

APR 7
Province declares third State of Emergency

APR 8
Stay-at-Home order issued for Ontario

APR 9
Hamilton identifies three additional "hot spot" postal codes based on local data, further increasing vaccine eligibility

APR 12
Province announces all schools moving to remote learning

APR 23
Black and other racialized community members prioritized for COVID-19 vaccination locally for residents 18+ in "hot spot" postal codes

MAY 6
David Braley Health Sciences Centre Vaccine Clinic opens (led by primary care partners)

MAY 10
Local Vaccine Ambassador Program launches

MAY 20
Province announces "Roadmap to Reopen" plan

JUN 2
Provincial emergency declaration and the Stay-at-Home Order end

JUN 11
Step 1 as part of "Roadmap to Reopen" begins

JUN 16
ArcelorMittal Dofasco Vaccine Clinic opens

JUN 30
Step 2 as part of "Roadmap to Reopen" begins

JUL 16
Step 3 as part of "Roadmap to Reopen" begins

JUL 29
ArcelorMittal Dofasco Vaccine Clinic closes

AUG 2
Hamilton Health Sciences Vaccine Clinic closes

AUG 17
Province announces pausing of exit from the "Roadmap to Reopen"

AUG 29
FirstOntario Centre Vaccine Clinic closes

SEP 3
St. Joseph's Healthcare Hamilton Vaccine Clinic closes

SEP 8
Hamilton school boards reopen for in-person learning

SEP 22
Province's Proof of Vaccination requirements come into effect

OCT 22
Province announces plan to "Safely Reopen Ontario and Manage COVID-19 for the Long-Term"

NOV 3
Mountain Vaccine Clinic at Lime Ridge Mall opens

Hamilton

Timeline

NOV 8
Hamilton Health Sciences West End Vaccine Clinic for Healthcare Workers opens

NOV 11
St. Joseph's Healthcare Hamilton Vaccine Clinic reopens

NOV 18
Centre on Barton Vaccine Clinic opens

NOV 28
Ontario confirms first two cases of Omicron variant

DEC 10
Province announces measures to protect against Omicron variant including delaying lifting proof of vaccination requirements

DEC 16
Major redeployment of City of Hamilton staff begins to support vaccination effort in response to Omicron surge

2022

JAN 5
Province moves to a modified Step 2 of the "Roadmap to Reopen"

JAN 16
Hamilton Health Sciences West End Vaccine Clinic for Healthcare Workers closes

JAN 28
St. Joseph's Healthcare Hamilton Vaccine Clinic closes

JAN 31
Step 3 of "Roadmap to Reopen" begins

FEB 13
Centre on Barton Vaccine Clinic closes

FEB 17
Easing of public health measures begins in Ontario including raising capacity limits

MAR 1
Lifting of additional public health measures including remaining capacity limits in indoor settings and proof of vaccination for all settings

MAR 21
Most provincial mask mandates end

MAR 22
Board of Health receives organizational update that focuses on adapting Public Health Services' organizational structure to reach a sustainable state

APRIL
PHS begins transition to interim organizational structure to support continued COVID-19 response and reopening programs and services

PHS staff demobilized from the COVID-19 response to their home programs

APR 29
David Braley Health Sciences Centre Vaccine Clinic closes (led by primary care partners)

MAY
PHS focuses on returning, recruiting, and reorienting staff to programs and services

MAY 10
City of Hamilton's Emergency Declaration terminated

JUN TO AUG
PHS focuses on staff wellness while maintaining programs and services

SEP TO DEC
PHS focuses on fully resuming programs and services, clearing service backlogs, applying continuous quality improvement and lessons learned, and re-engaging with community partners

PHS continues to respond to COVID-19, including vaccine promotion and administration of the bivalent booster vaccine

DEC 21

Mountain Vaccine Clinic at Lime Ridge Mall closes

CURRENT STATE

PHS continues to operate under interim structure that balances programs and services with the COVID-19 response, including operating mobile vaccine clinics that focus on neighbourhoods with lower vaccine coverage and maintaining the Vaccine Ambassador Program

After-Action Review Methodology

The scope of this After-Action Report is PHS' emergency response, specifically focusing on the structure and functioning of PHS' internal Incident Management System in order to capture operational successes, challenges, lessons learned, and recommendations. The objectives of the After-Action Review were to:

- Review PHS' response to the COVID-19 pandemic;
- Identify best practices, successes, challenges, and opportunities for improvement that contributed to the COVID-19 response; and
- Develop recommendations for future emergencies, including pandemics.

To accomplish this, the following methods were used:

- Survey completed by IMS section lead(s) from each COVID-19 response area, including sections that were part of the Vaccine Task Force;
- Facilitated discussions held with sections and/or following an acute period of the response;
- Discussions held with Section Chiefs to review and validate findings from their sections;
- Facilitated debrief held with the Command section of Public Health Emergency Control Group/Public Health Leadership Team.

The After-Action Review was conducted in phases throughout the response, with timelines determined based on guidance from section chiefs and demobilization plans. The timelines for data collection are outlined in Figure 2.

JUNE 2020	• Debrief held with IMS sections following first wave of COVID-19 (known as an in-action review)
JUNE - NOV 2021	• After-Action Review conducted focused on vaccine operations
FEB - JULY 2022	• After-Action Review conducted focused on disease control operations • Additional information gathered to update vaccine operations After-Action Review

Figure 2: AAR Timelines

COVID-19 Response AT-A-GLANCE

DISEASE CONTROL OPERATIONS METRICS

MARCH 10, 2020 TO DECEMBER 31, 2022

120+
media briefings coordinated with City of Hamilton Emergency Operations Centre and PHS spokespeople

1,249
COVID-19 outbreaks with management supported by PHS staff

537,019
COVID-19 tests completed at Hamilton assessment centres

750,000+
calls received by the PHS COVID-19 phone line

VACCINE OPERATIONS METRICS

DECEMBER 23, 2020 TO DECEMBER 31, 2022

1,432,325 doses administered of COVID-19 vaccine

- **179,717** doses administered at the FirstOntario Centre Vaccine Clinic, the largest PHS-led clinic
- **184,749** doses administered at St. Joseph's Healthcare Hamilton vaccine clinics
- **176,918** doses administered at Hamilton Health Sciences vaccine clinics
- **416,417** doses administered by pharmacies
- **106,591** doses administered by primary care
- **17,580** doses administered at the ArcelorMittal Dofasco led vaccine clinic
- **149,186** doses administered at mobile clinics operated by PHS and community partners (excludes hospitals and primary care clinics)
- **65,599** doses administered at the Centre on Barton vaccine clinic
- **83,016** doses administered at the Mountain Vaccine Clinic at Lime Ridge Mall

17
languages spoken by vaccine ambassadors, which enabled PHS to provide vaccine information directly in many residents' first language, in addition to other translation supports

276
City staff redeployed to support vaccination scale-up in response to the Omicron wave in late 2021 and early 2022

Approximately
400
unique vaccine clinic locations (excluding pharmacy and Provincial clinics)

40+
partners representing community organizations and equity-deserving voices involved in the Vaccine Readiness Network

10,358
doses administered on December 21, 2021, the highest number of daily doses administered in Hamilton's vaccine rollout

PUBLIC HEALTH SERVICES' SUCCESSES from the COVID-19 Response

> Staff, community partners and other champions really came together with a shared goal of improving outcomes in our community. The commitment to stay at the table, engage, and bring innovative solutions that were quickly implemented was remarkable, inspiring and led to significant impact in Hamilton.

Jen Vickers-Manzin
Director of the Healthy Families Division, Chief Nursing Officer, and COVID-19 Planning Chief

1

Success #1:

MAKING A DIFFERENCE IN MITIGATING THE SPREAD OF COVID-19

All sections shared the common success of contributing to mitigating the spread of COVID-19 and protecting the community from severe outcomes. For example, the PHS outbreak management team described that providing infection prevention and control education led to congregate settings changing their practices. In turn, this led to a lower risk of infection for residents/patients, staff and visitors and fewer outbreaks. Similarly, the case and contact management team reduced the spread of COVID-19 by contacting positive cases to understand how they acquired COVID-19 and then provided advice on isolation. Other sections described their role in the vaccine rollout and how that helped mitigate the spread of COVID-19. For example, one clinic administered nearly 200,000 COVID-19 vaccines between March and August 2021.

In addition to the impact sections had on mitigating the spread of COVID-19, many teams shared that their section engaged in continuous quality improvement to evolve their approaches, processes, and communication during the response. This also ensured the best use of staff resources to meet the needs of those at most risk of COVID-19.

2

Success #2:

RESPONDING COLLABORATIVELY TO COVID-19

All PHS sections also focused on the collaborative response as one of their successes. Consistently, collaboration, teamwork, relationships, and partnerships were highlighted. This includes collaboration within teams, with other management and staff across the City of Hamilton, and with healthcare and community partners. Given the scope of the COVID-19 response, the number of partners engaged by PHS was vast. These included internal partnerships with the EOC and other City of Hamilton departments, such as Public Works and Recreation, and with hospitals, primary care, community organizations, industry, the Hamilton Chamber of Commerce, Business Improvement Associations, school boards, and post-secondary institutions.

The impact of relationships formed and strengthened with community and healthcare partners was frequently mentioned. For example, the involvement of pharmacies and primary care in the vaccine rollout, as well as establishing primary care-led community clinics, were critical successes. The contributions of the Vaccine Readiness Network (VRN), a group of health, education, social service, and community organizations and representatives that met regularly to share expertise, information and perspectives about vaccine planning and distribution, were also recognized. The VRN's focus on equitable distribution in the vaccine rollout had a lasting impact on the COVID-19 response in Hamilton, including prioritizing Black and racialized community members for COVID-19 vaccination and fostering the development, implementation, and monitoring of a Vaccine Ambassador Program. These impacts are further outlined in the "Community Impact on Equitable Vaccine Delivery in Hamilton" report, as prepared by the VRN.

> I cannot thank our staff enough for their dedication and professionalism throughout the COVID-19 emergency response. Again and again, staff rose to meet the evolving demands of the emergency, including many staff who took on new roles in challenging circumstances both professionally and personally. Undoubtedly, their willingness to step up to support our community – and tenacity doing so – saved lives.
>
> ***Dr. Elizabeth Richardson**, Medical Officer of Health*

3

Success #3:

HAVING A RESILIENT & DEDICATED WORKFORCE

The attributes of staff, leaders, and partners involved in the COVID-19 response were also described when sections were asked to identify successes. Flexibility, adaptability, tenacity, dedication, patience, responsiveness, being comfortable with uncertainty, innovation, creativity, problem solving, and the ability to be nimble were consistently identified. Strong leadership and supportive peer groups were also noted by many sections, and staff spoke highly of leaders who communicated the information they knew while also acknowledging uncertainty.

4

Success #4:

ADVANCING SKILLS, TECHNOLOGY, PRODUCTS & PROCESSES

Lastly, sections shared that the COVID-19 response led to new skills, processes, and products that will extend beyond the pandemic. For example, PHS implemented the PowerBI tool to provide public reporting on COVID-19 metrics, a tool that can be leveraged in the future. PHS programs and services that continued to operate during the emergency response reported using creative strategies and quality improvement initiatives to adapt service delivery, such as providing virtual care. Staff also acknowledged growth in their skillsets, including learning new skills, leadership opportunities, and being cross-trained in multiple program areas.

PUBLIC HEALTH SERVICES' CHALLENGES from the COVID-19 Response

"We had to rapidly stand up mass vaccine clinics with the expectation to operate the clinic seven days a week with very high throughputs. The operation required significant health human resources for both clinical and non-clinical roles. This would have been a significant barrier to overcome without the aid of the EOC and our health sector partners."

Julie Prieto
Acting Director of the Epidemiology and Wellness Division and COVID-19 Vaccine Planning Lead

> From the outset of the COVID-19 emergency response right up to present day, Public Health Services' people leaders recognized the tremendous levels of pressure and strain our entire workforce was being subjected to. The mental health and well-being of our people was a paramount concern and consideration in mounting and sustaining an effective and efficient sustained emergency response. The mental and physical well-being of our people at all levels of the organization had the potential to greatly influence our overall performance in the service of the community.
>
> ***Kevin McDonald,*** *Director of Healthy Environments Division, and COVID-19 Communications Chief*

Challenge #1:

EXPERIENCING SIGNIFICANT WORKLOAD & STAFFING DEMANDS

Across all sections, the most commonly identified challenge related to significant workload demands. Sections reported not having enough staff to do the work and a high level of staff burnout. This level of staff burnout was a result of the intensity, duration, and complexity of responding to COVID-19. In addition, burnout and stress were heightened by staff implementing provincial mandates, which occasionally led to stressful interactions with members of the public. Sections that made wellness a priority during the response expressed that focusing on wellness had a positive impact, while other teams stated a need to focus on wellness and mental health supports earlier in the response.

Several sections identified that there was always an expanding demand for staff. This was particularly apparent during the COVID-19 vaccine rollout, where additional clinical and non-clinical resources were needed to operationalize clinics. Despite creative problem solving with staffing and broad support from redeployed staff and primary care, it was challenging to deploy and/or recruit staff to fill these roles. Further, rapidly scaling up vaccine clinics created additional staffing pressures, as staff were pulled in to oversee and onboard new clinic staff. As a result, non-COVID-19 related programs functioned with depleted staff levels, which made it challenging to meet service demands. Staffing challenges were compounded by a high degree of staff turnover, the temporary nature of many positions, limited time for training for newly hired or redeployed staff, leaders having a higher number of staff reporting to them, changing work schedules, and limited cross training. Some of these challenges were mitigated over the course of the response, however, staffing demands and burnout remained a challenge throughout.

2

Challenge #2:

INTERPRETING & IMPLEMENTING RAPIDLY CHANGING INFORMATION & GUIDANCE

Another challenge was the volume of information, frequency and pace that it changed, and the need to rapidly implement any changes locally. Often, local public health units did not know about provincial changes in advance, and there was limited time to operationalize these changes. Specific to COVID-19 vaccine operations, changes to guidance and available supply resulted in changes to eligibility, dose intervals, storage/handling requirements, and volume of doses that could be administered at clinics. Occasionally, changes led to significant confusion for staff, partners, and the public. This was especially challenging when guidance conflicted between Ontario government Ministries or regions. Organizationally, the pace of change made it difficult to predict COVID-19 vaccine demand, which led to challenges anticipating staffing needs and engaging in advanced planning. At times, rapid changes in direction also led to communications challenges.

3

Challenge #3:

ACTIVATING THE IMS STRUCTURE FOR AN EXTENDED PERIOD

Typical IMS structures are implemented to focus on a time-bound emergency response. Due to the prolonged duration of COVID-19, the IMS structure was in place for an extended period and evolved to meet the changing demands. While the IMS structure is a useful tool, occasionally the structure of this prolonged response led to challenges. At times, staff and leaders had to fulfill their regular roles and emergency response roles simultaneously. Due to these competing demands, roles, structures, and processes were not always clear, did not always align with IMS principles, or varied between teams. Due to the limited staff resources at the senior management level and competing demands from both COVID-19 and regular business, senior leaders were forced to transition their leadership structure. This integrated model helped leaders balance IMS roles and regular day-to-day leadership responsibilities. Further, senior leaders used decision-making and agenda planning tools to identify and prioritize demands with limited resources.

4

Challenge #4:

ONBOARDING NEW TECHNOLOGY

Both the provincial Case and Contact Management system (CCM) and COVID-19 immunization record system (COVaxON) were onboarded during the pandemic, as well as provincial and local vaccine appointment booking systems. Each system required ongoing training and support and had its own strengths and limitations for customization. Further, each system had different reporting capabilities, which required reviewing privacy and data sharing processes. The COVID-19 response also stressed the internal technological infrastructure and capacity limits given the increased pressure on these systems. These pressures, combined with the selection and implementation of new technology, outstripped the internal technological infrastructure and support resources available.

Lessons Learned

The previous sections focused on shared successes and challenges in the COVID-19 response. The following section highlights key learnings, many of which were implemented throughout the response. These lessons learned can be leveraged again by PHS in future emergency responses, and include:

- Focus on mental well-being early in the emergency response, ensuring that staff have a variety of options to address their wellness.
- Have a dedicated team that supports operations and short-term planning for vaccine clinics.
- Upstaff communications team and resources to handle the large volume of work required to keep all stakeholders informed.
- Continuously evaluate minimum staffing needs for essential programs (staffing needs may vary based on timing and duration of emergency).
- Early in the emergency response, establish multi-sectoral tables (e.g., the H-CRT, collaboration with school boards) to share information and guide the local response.
- Early in the vaccine rollout, develop a robust community engagement strategy to support vaccine uptake, in collaboration with community partners and priority populations. Strategies, such as establishing a network like the Vaccine Readiness Network and a Vaccine Ambassador Program, should be prioritized early in the planning process.

> “Information saves lives. In the context of the COVID-19 pandemic there has been an excess of information, false rumours and manufactured disinformation. Delivering evidence-based factual information in a timely and transparent way to multiple audiences via various platforms was and continues to be challenging and critical.”
>
> ***Kevin McDonald,*** *Director of Healthy Environments Division and COVID-19 Communications Chief*

> A whole community approach is required to meaningfully address large persistent issues where inequities exist due to the determinants of health and systemic racism.
>
> **Jen Vickers-Manzin**, *Director of the Healthy Families Division, Chief Nursing Officer, and COVID-19 Planning Chief*

Recommendations

The previous section outlined lessons learned from the COVID-19 response, which are also recommendations for future responses. IMS sections also recommended actions for PHS to take before the next emergency that would address some of the identified challenges and improve a future response. These recommendations are also known as corrective actions. Recommendations to support improving a future response include:

- Develop an infectious disease training program to ensure staff competence in infection prevention and control if required for redeployment. Training to include both a baseline understanding and a just-in-time component.
- Implement an organizational approach to trauma and violence informed care for all programming, and ensure this is continued when undertaking emergency responses.
- Implement an organizational approach for creating a mentally healthy workplace.
- Expand training competency in non-violent crisis intervention for applicable staff in public facing roles.
- Explore a model to rapidly scale-up staff and management during an emergency.
- Accelerate and expand leadership development and succession planning for frontline and middle management staff on an ongoing basis.
- Expand recruitment and retention strategies for the PHS workforce over the long-term to mitigate potential staffing challenges during an emergency.
- Explore opportunities with health system partners to implement collaborative staffing models during an emergency.
- Improve efficiency and program delivery using software/applications that can also be leveraged during an emergency (e.g. document management, asset management, appointment booking, staff movement).
- Review privacy and data sharing processes to identify opportunities to further increase timeliness of reporting in an emergency.

Conclusion

Over the last three years, the Hamilton community and PHS staff came together to help reduce the spread of COVID-19, lessening the pandemic's impact. PHS continues to respond to COVID-19 while re-introducing programs and services, including addressing priority service backlogs and the deficits of care that emerged as a result of the pandemic. Over the next one to three years, PHS will focus on adapting and improving programs and services that address the following four key priorities: mental health and substance use; child and youth healthy growth and development; health equity; and, climate change. Along with these four priority areas, PHS will continue to offer its comprehensive suite of critical public health programs and services Hamiltonians trust and rely on.

In addition, the successes and lessons learned during the COVID-19 response continue to be leveraged. For example, influenza surveillance now uses the PowerBI platform that was onboarded for COVID-19 surveillance during the response. This means that influenza data is now easier to access for healthcare partners and community members. In addition, relationships between PHS and healthcare and community partners were strengthened during the COVID-19 response and continue to support COVID-19 recovery and other public health priorities. Building upon these successes and lessons learned, coupled with the corrective actions and recommendations in this report, will strengthen future emergency responses in Hamilton.

Glossary

HAMILTON COVID-19 RESPONSE TABLE (H-CRT):

A committee comprised of representation from health and social services organizations in Hamilton that was established to support a collaborative response to COVID-19. Leadership is shared between public health, acute care, and community care. The table evolved from the "Health Sector Emergency Management Committee" that was convened to facilitate coordination, interoperability, cooperation, and communication between health sector agencies at the outset of the COVID-19 pandemic.

PUBLIC HEALTH EMERGENCY CONTROL GROUP (PHECG):

The people component of the Incident Management System (IMS) which consisted of the staff responding to the emergency. The Command section of the PHECG was comprised of the PHS leadership team and were responsible for overseeing, coordinating, and directing the COVID-19 public health response.

VACCINE READINESS NETWORK (VRN):

A group of community organizations and health sector representatives that met regularly to inform Hamilton's Vaccine Task Force. The VRN shared information about vaccine planning and distribution, and discussed how to work together to improve vaccine access and confidence, particularly among priority populations.

VACCINE TASK FORCE:

A sub-group of the Hamilton COVID-19 Response Table, the Vaccine Task Force was comprised of representation from Hamilton healthcare partners and was responsible for leading and overseeing the planning, implementation, and operations of the City of Hamilton's Vaccine Distribution Plan in alignment with direction from the Ontario government.

References

Emergency Management Ontario. (2021). Incident Management System (IMS) Guidance: Version 2.0. *Queen's Printer of Ontario.*

Ministry of Health and Long-Term Care. (2018). Emergency Management Guideline. *Queen's Printer of Ontario.*

Ministry of Health. (2021). Ontario public health standards: Requirements for programs, services and accountability. *Queen's Printer of Ontario.*

World Health Organization. (2019). Guidance for after action review (AAR). *Geneva, Switzerland: World Health Organization.*

The COVID-19 pandemic response was an unprecedented sustained emergency event that impacted all levels of society. Locally Public Health Services has been monitoring, interpreting, and operationalizing directives, protocols and regulations flowing down from the global community to the national and provincial levels of government, as well as municipal regulation conceived and installed hyper-locally. The acuity of the emergency response in the province of Ontario was fueled by multiple factors simultaneously colliding which demanded time-sensitive legal and service capacity interpretation and action. An analogy that was often appropriately used during the 2020-2022 period was, "We're attempting to assemble and re-engineer a Boeing 747 in mid-flight."

Kevin McDonald
Director of Healthy Environments Division and COVID-19 Communications Chief

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 3, 2023
SUBJECT/REPORT NO:	Dental Program New Build at Upper James Site (BOH23014) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Pat Armstrong (905) 546-2424 Ext. 7158
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services

COUNCIL DIRECTION

Not Applicable.

INFORMATION

The purpose of this report is to advise the Board of Health of construction that will expand the Ontario Seniors Dental Care Program (OSDCP) clinic in the existing Public Health Services clinic space at 891 Upper James St.

The Ontario Seniors Dental Care Program is a 100% provincially funded program for low income seniors. The goal of this program is to reduce trips to hospital emergency departments, prevent chronic disease and improve quality of life for seniors (Report BOH19026).

In 2022, 100% provincial capital funding was approved by the Ministry of Health to expand clinic services to OSDCP clients (Report BOH22011). Once complete, this expanded clinic will increase services from one to five days per week. Both restorative and preventive dental services will be provided.

Currently, OSDCP restorative and preventive services are available to seniors at the following locations:

- PHS Robert Thomson Building dental clinic;
- Urban Core Community Health Centre;

- Centre De Santé Communautaire; and,
- Public Health Services' East End Clinic.

In addition, the Seniors' Dental Health Bus operates at various locations across the City of Hamilton. Locations include:

- Binbrook Library;
- Harry Howell Arena;
- Sackville Seniors Centre;
- Olympic Westoby Arena; and,
- Morgan Firestone Arena.

The program is also working to re-establish a Long-term care home pilot with Macassa and Wentworth Lodges. The pilot aims to provide dental treatment services on the Seniors' Bus to eligible OSDCP clients who live in Long-term Care.

During the past two years OSDCP services have been reduced due to the diversion of resources to the pandemic response. As a result of service delays and high need, a waitlist for OSDCP services exists. Increased clinic space will increase capacity to provide much needed dental services for this population.

Census data mapping was used to determine clustering and density of low-income seniors living in Hamilton. The highest density of low-income seniors is found in lower central and lower east areas of the City. Currently, we have four clinic sites that provide dental services to low-income seniors below the mountain that service these areas. Through mapping it was identified there are several medium density clusters of low-income seniors across the mountain. Currently the Seniors' Bus is two days at Sackville Seniors Centre and one day at 891 Upper James St. After careful analysis Public Health Services has determined that current clinic space at 891 Upper James St. is centrally located and presents an opportunity to leverage an existing clinic location, expand services and improve access to the program.

In consultation with facilities and accommodations, construction is scheduled to begin in the fourth quarter of 2023. The estimated timeline for construction at this site is four to six months. Once construction begins clinic services will continue to be provided at alternate temporary sites. Staff are exploring options for temporary clinic locations that will support the maintenance of dental services and facilitate access.

Historically, this site has also offered dental services for children eligible through Healthy Smiles Ontario (HSO), vaccine, and sexual health clinic services. Many of these services were paused or reduced during the pandemic response. Moving forward, HSO dental clinic services for children and vaccine fridges will be maintained at this location. Vaccine clinic services will transition from weekly to ad-hoc services in the evenings and

weekends. This change is to accommodate the shift to enhanced mobile vaccine services/sites that were implemented during the pandemic and continue today.

Provision of sexual health services at this site were halted during COVID-19. With the construction changes this site will still offer the opportunity for sexual health clinic consultation services.

Public Health Services will be communicating the upcoming changes to clients and community partners to ensure dental services and access is maintained.

APPENDICES AND SCHEDULES ATTACHED

Not Applicable.

CITY OF HAMILTON
PUBLIC HEALTH SERVICES
Healthy Families Division

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 3, 2023
SUBJECT/REPORT NO:	Dental Program Specification Around Procurement (BOH23013) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Pat Armstrong (905) 546-2424 Ext. 7158
SUBMITTED BY: **SIGNATURE:**	Jennifer Vickers-Manzin, CNO Director of Healthy Families Division Public Health Services

RECOMMENDATION

That Public Health Services' Dental Program be authorized to standardize the items and products listed in Appendix "A" to Report BOH23013, with purchases to be in compliance with the policies below, as applicable, for a period of five years:

(i) Policy # 5.1 – Low Dollar Value Procurements;
(ii) Policy # 5.2 – Request for Quotations;
(iii) Policy # 5.3 – Request for Tenders; or,
(iv) Policy # 5.4 – Requests for Proposals.

EXECUTIVE SUMMARY

The Public Health Services Dental Program requires the use of brand specific products to maintain the warranty on certain existing equipment in Public Health Services dental clinics. The items and products listed in Appendix "A" to Report BOH23013 are available from multiple sources in the market, allowing Public Health Services to work with Procurement to issue a competitive document in order to secure the best prices and value for the City. The annual cost for these products is approximately $43,000. As per the Corporate Procurement Policy By-law 20-205, as amended: Standardization Policy 4.14 (3), where a standardized Good can be procured from more than one vendor that Good shall not be considered a single source purchase.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: If the standardization is approved, the approximately $43,000 to purchase these products for the Dental Program is already included in the annual budget and funded by the Ministry at 100%, for a zero-dollar net levy impact.

Staffing: Not Applicable.

Legal: Not Applicable.

HISTORICAL BACKGROUND

The Public Health Services Dental Program previously issued a Request for Tender for dental supplies, delivery and maintenance through procurement in 2018, which has now expired. Prior to issuing the Request for Tender, it was noted that the program requires certain brand specific products to maintain the equipment and associated equipment warranties.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

- Corporate Procurement Policy (By-law 22-255) Section 4.14 Policy # 14-Standardization;
- Corporate Procurement Policy (By-law 22-255) Section 4.14 Policy # 14-Standardization, it is recognized that the procurement of the standardized goods would be the result of either a Policy # 5.1 – Low Dollar Value Procurements, Policy # 5.1 – Request for Quotations, Policy # 5.3 – Request for Tenders, or a Policy #5.4 – Requests for Proposals, as applicable;
- Corporate Procurement Policy (By-law 22-255) Section 4.14 Policy # 14-Standardization, it is recognized that the standard is above $100,000 over the term of a 5-year contract; or,
- Corporate Procurement Policy (By-law 22-255) Section 4.14 Policy # 14-Standardization, it is recognized that approval of the standard is required prior to initiation of a new competitive process for the supply, delivery and maintenance of dental equipment

RELEVANT CONSULTATION

City of Hamilton Procurement staff provided consultation with regard to the application of the Procurement Policy and are in support of the recommendation. Finance and Administration staff were consulted with regard to financial implications and are in support of the recommendation.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

The brand specific products required can be purchased through the Request for Tender process to dental vendors in Ontario and does not require a Policy # 11 - Single Source Authority. Prior to initiating a new Request for Tender, Council approval is required to identify brand specific products in the Tender Specifications to maintain equipment and associated warranties.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

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

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH23013	Dental Program Procurement Specification: Standardized Equipment to Maintain Warranties

Dental Program Procurement Specification:
Standardized Equipment to Maintain Warranties

Equipment Brand Name	Standardized Products Required to Maintain Equipment Warranties	Annual Spend
Assistina Handpiece oiler	W&H Cleaning Liquid	$287.97
Assistina Handpiece oiler	BA International Ltd Service Oil	$650.37
Quattrocare Plus Handpiece Oiler	QUATTROcare Plus Spray	$645.45
Instruments	Pro eze (for instruments that need to sit unsterilized for 24H+)	$139.14
Hydrim instrument washer	HIP Ultra Cleaning Solution	$2,410.56
Hydrim instrument washer	Sci Can Water Softener Salt	$620.64
Attest Auto Reader incubator for BI	Attest BI indicator Vials	$22,578.48
Maxill steri-sox ID+ labeling gun for sterilization	Maxill steri-sox instrument reprocessing label stickers	$2,705.28
Maxill steri-sox ID+ labeling gun for sterilization	Maxill steri-sox ink roller	$101.88
Guttacore Oven to heat up gutta percha (root canal material)	Guttacore Obturators	$391.44
Dentapure sticks	Sensafe Iodine test strips	$250.98
Microsure H2O Water test kits	Microsure shock	$146.82
Miele Instrument Washer and Disinfectors	ProCare Washer Test Monitor Kt	$1,180.68
Miele Instrument Washer and Disinfectors	ProCare Dent 30C Neutralizer	$3,686.16
Miele Instrument Washer and Disinfectors	ProCare Dent Salt	$834.96
Miele Instrument Washer and Disinfectors	ProCare Dent Solution Rinse	$1,313.75
Miele Instrument Washer and Disinfectors	ProCare Dent Alkaline Detergent	$4,703.76
		$42,648.32