



BOARD OF HEALTH MEETING

Wednesday, March 3, 2021
9:30 – 11:30 a.m.

Virtual Zoom Meeting

To ensure a quorum we ask that you please
RSVP (Regrets Only) to
clovell@hpeph.ca or 613-966-5500, Ext 231

Hastings Prince Edward Public Health 2019 - 2023 Strategic Plan

Our Vision

Healthy Communities,
Healthy People.

Our Mission

Together with our communities,
we help people become as
healthy as they can be.

Our Values Show We CARE



Collaboration



Advocacy



Respect



Excellence

Our Strategic Priorities



Community
Engagement



Staff
Engagement
and Culture



Population Health
Assessment and
Surveillance



Program
Standards



Health
Promotion



BOARD OF HEALTH MEETING AGENDA

Wednesday, March 3, 2021

9:30 to 11:30 a.m.

Zoom Meeting

1. CALL TO ORDER

2. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

3. APPROVAL OF THE AGENDA

4. APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING

4.1 Meeting Minutes of Wednesday, February 3, 2020 [Schedule 4.1](#)

5. BUSINESS ARISING FROM THE MINUTES

6. DEPUTATIONS - None

7. COMMITTEE REPORTS

7.1 Finance Committee - None

7.2 Governance Committee - None

8. REPORT OF THE MEDICAL OFFICER OF HEALTH [Schedule 8.0](#)

9. STAFF REPORTS

9.1 2020 Accessibility for Ontarians with Disabilities Act (AODA) [Schedule 9.1](#)

9.2 2020 Privacy Report [Schedule 9.2](#)

9.3 2020 Occupational Health and Safety Report [Schedule 9.3.0](#)

9.3.1 Statement of Health and Safety - 2021 [Schedule 9.3.1](#)

9.3.2 Statement of Workplace Violence - 2021 [Schedule 9.3.2](#)

9.4 2020 Enforcement Activity Report [Schedule 9.4](#)

10. CORRESPONDENCE AND COMMUNICATIONS

10.1 Letter to Minister Christine Elliott re Paid Sick Time [Schedule 10.1](#)

11. NEW BUSINESS

12. INFORMATION ITEMS (Available for viewing online at hpePublicHealth.ca) [Schedule 12.0](#)

13. DATE OF NEXT MEETING – Wednesday, May 5, 2021 at 9:30 a.m.

14. ADJOURNMENT



BOARD OF HEALTH MEETING MINUTES

Wednesday, February 3, 2021

Hastings Prince Edward Public Health (HPEPH)

Via Zoom

Present: Via Virtual Connection

Ms. Jo-Anne Albert, Mayor, Municipality of Tweed, County of Hastings, Chair
Dr. Jeffrey Allin, Provincial Appointee
Mr. Stewart Bailey, Councillor, County of Prince Edward
Mr. Andreas Bolik, Councillor, County of Prince Edward
Mr. Terry Cassidy, Councillor, City of Quinte West
Dr. Craig Ervine, Provincial Appointee
Mr. Sean Kelly, Councillor, City of Belleville
Mr. Michael Kotsovos, Councillor, City of Quinte West
Ms. Jan O'Neill, Mayor, Municipality of Marmora and Lake, County of Hastings
Mr. Garnet Thompson, Councillor, City of Belleville (Alternate)

Absent Mr. Bill Sandison, Councillor, City of Belleville

Also Present: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Ms. Valerie Dunham, Director of Corporate Services/Associate CEO
Mr. Eric Serwotka, Director of Public Health Programs
Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

Dr. Oglaza called the meeting to order at 9:31 a.m.

2. ROLL CALL

Board Secretary completed a roll call.

3. DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF

There was no disclosure of pecuniary interest.

4. ELECTION OF CHAIR AND VICE-CHAIR

Dr. Oglaza called for nominations for the position of Chair.

Jan O'Neill stated, "I nominate Jo-Anne Albert for election to the position of Chair".

Dr. Oglaza asked Jo-Anne if she was willing to be nominated to the position of Chair, to which Jo-Anne responded yes.

Dr. Oglaza asked if there were any other nominations for the position of Chair. There were none. Dr. Oglaza declared nominations closed and Jo-Anne Albert was elected to the position of Chair by acclamation.

Jo-Anne assumed her position as Chair and called for nominations for the position of Vice Chair. Jo-Anne stated, "I nominate Jan O'Neill for election to the position of Vice Chair". Chair Albert asked Jan O'Neill if she was willing to be nominated to the position of Vice Chair, to which she responded yes.

Chair Albert asked if there were any other nominations for the position of Vice Chair. There were none. Chair Albert declared nominations closed and Jan O'Neill was elected to the position of Vice Chair by acclamation.

5. APPROVAL OF AGENDA

MOTION:

Moved by: Sean

Seconded by: Stewart

THAT the agenda for the Board of Health (Board) meeting on Wednesday, February 3, 2021 be approved as circulated.

CARRIED

6. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – December 2, 2020

MOTION:

Moved by: Terry

Seconded by: Michael

THAT the minutes of the regular meeting of the Board held on December 2, 2020 be approved as circulated.

CARRIED

7. BUSINESS ARISING FROM MINUTES - None

8. DEPUTATIONS - None

9. COMMITTEE REPORTS

9.1 Finance Committee – None

9.2 Governance Committee - None

10. REPORT OF THE MEDICAL OFFICER OF HEALTH

COVID-19 Update

- Dr. Oglaza and Dr. Toumishey gave updates on case and transmission rates in our area, discussed case and contact management and immunization planning and vaccine rollout. Some items of note were:
 - ♦ We had a spike of cases in December with the majority of transmission being close contact and in January number of cases dropped by approximately half compared to December with the main transmission being close contact.
 - ♦ Case and contact management (CCM) are going well, we are able to contact cases and contacts quickly with the majority of transmission identified as close contact, although travel remains a significant risk for the local population

- ♦ Testing rates have remained consistent and we are now testing for variants. This is being done through multiple pathways – there is criteria in identifying cases that should go on to be tested further as well the province is testing a general proportion of cases.
- ♦ In discussions with the school boards and other health units there is consensus that in areas of low disease activity the use of rapid testing in schools is not advised. These types of tests are prone to error and can result in individuals being positive hence generating anxiety and stress that can not be avoided. If an individual tests positive, they would then require testing through the widely used PCR technology that is used at the Covid Assessment Centres anyway.
- ♦ The government of Ontario is rolling out a three-phased vaccine distribution plan (this can be found on our website) – we are currently in Phase I which reaches long-term care homes and high-risk retirement homes. While the vaccine may not prevent the infection of COVID-19 it will prevent deaths. Thus far, we have administered 1,096 doses and will have all these facilities completed by mid-February.
- ♦ Phase 2 will begin when an increased stockpile of vaccines becomes available to Ontario. It is expected that vaccinations will be expanded to other priority settings such as congregate living facilities, older adults, frontline essential workers, and individuals with chronic conditions and their caregivers.
- ♦ Phase 3 will begin when vaccines are available for every Ontarian who wishes to be immunized

Finance Update – Extraordinary Expenses

- We continue to incur significant overtime costs due to 7-day-a-week operations of CCM. We are currently assisting Simcoe Muskoka District Health Unit (SMDHU). This is on an in-kind basis and there is no reimbursement involved for the services provided. Terry noted his appreciation that we can do this without getting into a lot of administration and that it speaks highly of what HPEPH is doing.

HPEPH Website Statistics

- We continue to receive approximately 10,000 unique visitors to our website daily. The top five visited webpages include the dashboard, home page, COVID-19 general information, getting tested and COVID-19 vaccines pages.

There was discussion around schools now that they are back in the classroom. It was noted that we have never had a better relationship with the school boards and we are working very closely with them. With the protocols and everything that is in place for the schools there have been no cases in the schools and no outbreaks since the holiday break. Our work with the schools is around promotion and education.

MOTION

Moved by: Sean

Seconded by: Stewart

THAT the report of the Medical Officer of Health be received as presented.

CARRIED

11. STAFF REPORTS**11.1.0 Paid Sick Time - Victoria Law, Social Determinants of Health Nurse**

- The Board is being asked to support Bill 239, *Stay Home If You Are Sick Act, 2020* in principle only. This Bill fills the gap and allows all working Ontarians to follow public health guidance, which is to stay at home when you are sick, without incurring any financial consequences.
- Current statistics around transmission of COVID-19 shows 7 of 10 outbreaks have been associated with workplaces and 1 in 5 cases have been acquired through a workplace outbreak or have been a close contact of someone who contracted COVID-19 from a workplace outbreak.
- There was discussion around this topic.

11.1.1 Draft Advocacy letter to Minister Elliott re paid sick time

- It was noted by one of our members that it is a very well written letter and speaks well to the evidence and should be sent out as soon as possible. It was also requested that the letter be distributed more widely than is noted on the letter as presented. Discussion ensued.

MOTION

Moved by: Terry

Seconded by: Garnet

THAT the Board send a letter to Minister Elliott stating its support in principle for Bill 239: *Stay Home If You Are Sick Act, 2020* as noted in the briefing note but sent to a wider audience as requested.

CARRIED

MOTION

Moved by: Jan

Seconded by: Stewart

THAT the staff report be received as presented.

CARRIED

12. CORRESPONDENCE AND COMMUNICATIONS

12.1 Letter to Premier Ford re funding for school-focused nurses

12.2 Letter to Local Mayors re warming centres

12.3 Letter of Support – Bill 216 – Daryl Kramp, MPP

MOTION

Moved by: Jeff

Seconded by: Stewart

THAT all correspondence be received as presented.

CARRIED

13. NEW BUSINESS – None**14. INFORMATION ITEMS**

Chair Albert drew the Board's attention to the information items listed within the agenda and can be accessed on the HPEPH website at hpePublicHealth.ca.

MOTION

Moved by: Michael

Seconded by: Jan

THAT the Board of Health receive the information items as circulated.

CARRIED

15. DATE OF NEXT MEETING – Wednesday, March 3, 2021 at 9:30 a.m.**16. ADJOURNMENT****MOTION:**

Moved by: Sean

Seconded by: Stewart

THAT this meeting of the Board be adjourned at 10:55 a.m.

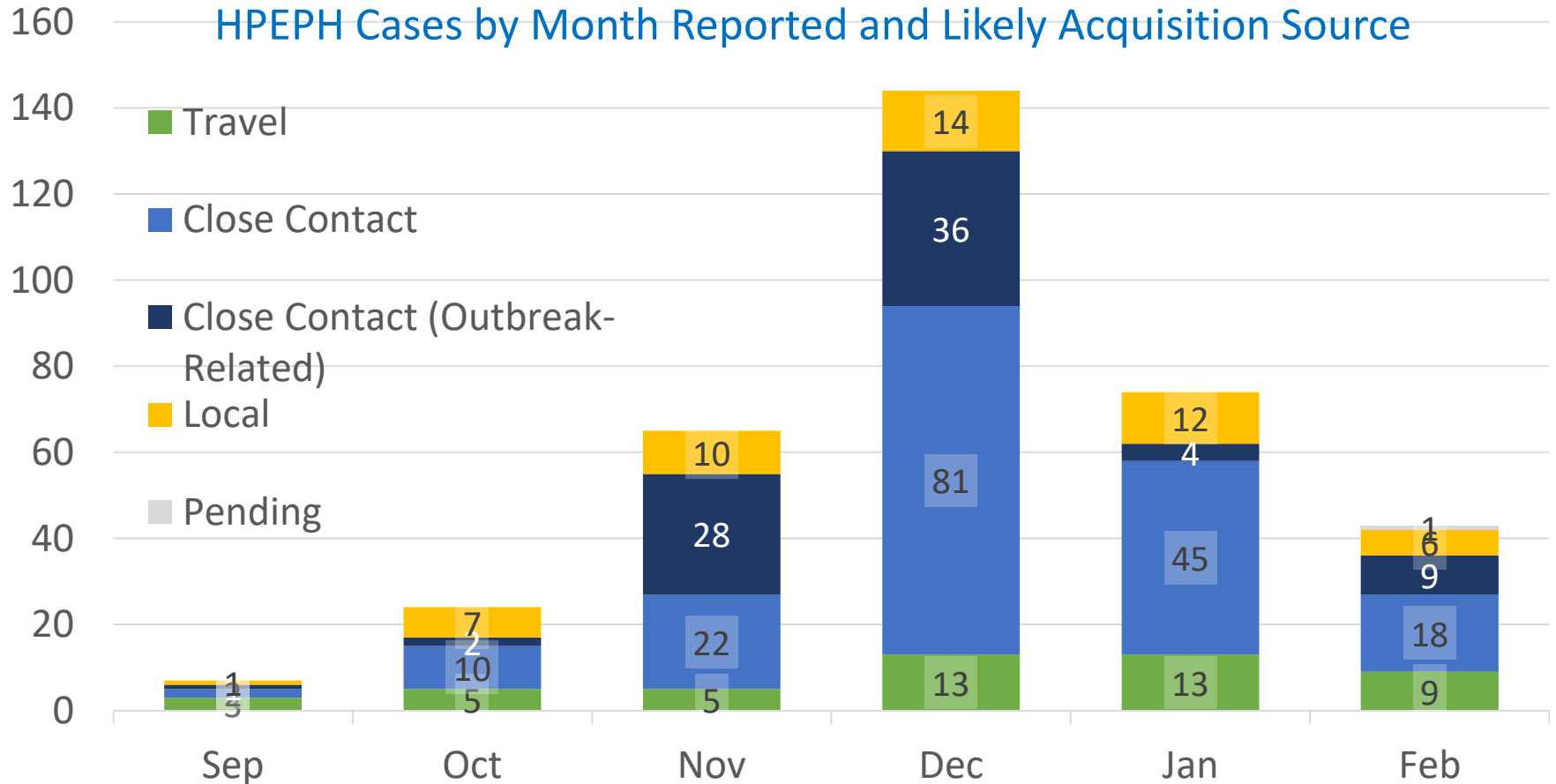
CARRIED

Jo-Anne Albert, Chair

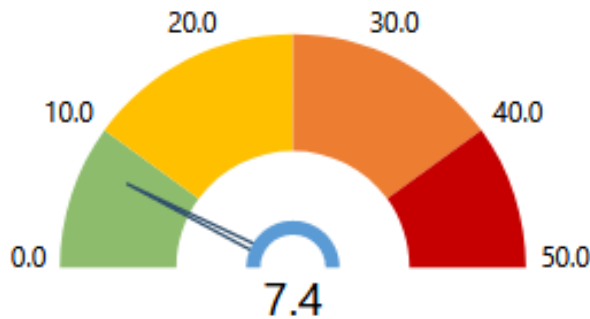
Report from Medical Officer of Health

- COVID-19 Update
 - Local epidemiology
 - Case and Contact Management
 - Covid-19 Immunization Planning and Vaccine Rollout

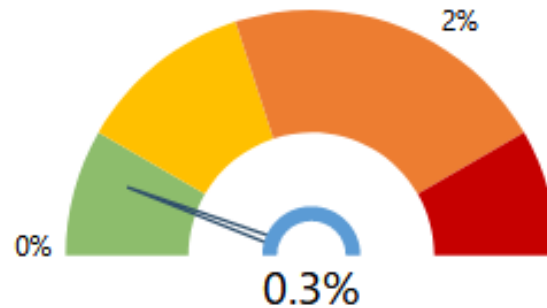
Covid-19 Cases in HPEPH as at February 26, 2021



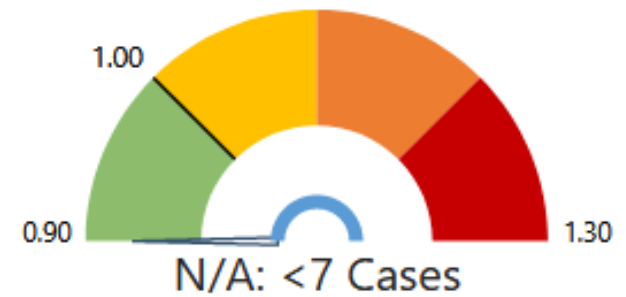
2 Week Average Weekly Incidence Rate



% Positivity



R_e as of: February 18, 2021



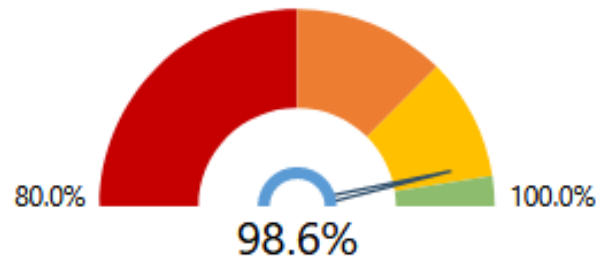
% of Cases with No Epi-Link

16.0%

Vs Previous 2 Weeks 4.2% ↑
Vs Previous 4 Weeks 4.6% ↑

% of Contacts Reached in 2 Days

14 Days Ending February 23, 2021



Average HR Contacts per Case

6.6

Vs Previous 2 Weeks 0.5 ↑
Vs Previous 4 Weeks 2.4 ↑

Phase	Phase I						Phase II			Phase III		
Priority Populations	<ul style="list-style-type: none"> Long-term care home and retirement home residents Elders Lodges Essential caregivers and staff at LTCH/RH Highest priority health care workers (HCW), followed by very high and high priority as deemed by Ministry)** First Nation communities and urban Indigenous populations, including Métis and Inuit adults Older adults, age of 80 and older Adult recipients of chronic home care 						<ul style="list-style-type: none"> Moderate priority health care workers and frontline essential workers Older adults over the age of 60 Other At-Risk Groups (e.g. individuals with high-risk chronic conditions and their caregivers, people who live and work in high-risk settings (e.g. shelters, community living) and marginalized populations) 			<p>Remaining Ontarians in the general population who wish to be vaccinated.</p> <p>The ethical framework, data and available vaccine supply will help to prioritize groups in this phase.</p>		
Sub-Groups	LTC & HR RH Residents	Staff & essential caregivers LTC/HR RH	Highest-Priority HCW, followed by very-high and high)**	First Nations communities and urban Indigenous Populations	Older adults age of 80 and older	Adult recipients of chronic home care	Moderate Priority HCW's and Frontline Essential Workers (as defined by Ministry of Health's guidance)	Older Adults over the age of 60	Other At-Risk Groups (as defined by Ministry)	Adults under age 60	Other adults who were not yet immunized	Mass immunizations of other populations with Ministry approval given (eg. children)
Timelines	<p>Please Note: Timelines are approximate. Vaccines may be delivered to various groups concurrently or sequentially based on vaccine availability, as well as provincial and/or local priority setting.</p>											
* based on vaccine availability & provincial guidance	January-February 2021	*February -April 2021	*March-April 2021	*March-April 2021	*March 15-May 2021	*March-May 2021	*Late Spring/Early Summer 2021	*Target date to start: Adults 75+ - April 15 Adults 70+ - May 15 Adults 65+ - June 1 Adults 60+ - July 1	*Late Spring/Early Summer 2021	*Summer/Early Fall 2021	*Summer/Early Fall 2021	*Fall/Winter 2021



Accessibility for Ontarians with Disabilities Act Committee

2020 Year End Report

Prepared by: Shelly Brown and Debbie Skalba

Date: February 5, 2021

Background

The AODA is a complex and evolving multi-year piece of [legislation](#). The goal of the AODA and the Standards is to make the province accessible for all Ontarians with physical and mental disabilities by 2025.

Purpose of Report

The objective of the 2020 Year End report is to provide an overview of the progress and measures taken by Hastings Prince Edward Public Health (HPEPH) to improve accessibility. This report provides an update on the implementation of the Accessibility for Ontarians with Disabilities Act (AODA) Work plan 2018-2021.

The purpose of HPEPH's AODA committee, is to ensure compliance with the requirements of the AODA and to ensure all residents in Hastings and Prince Edward Counties have equal access to services offered by HPEPH. HPEPH will deliver programs and services in a manner that respects the dignity and independence of persons with disabilities.

The committee's role is to identify, remove and prevent barriers to people with disabilities who work at, or use the services of HPEPH. The committee meets four times a year and undertakes activities required to ensure compliance with the AODA.

The 2020 AODA committee is made up of the following members:

Debbie Skalba (Acting Chair)

Becky Stone

Eric Serwotka

Shelly Brown

Priynka Patil

Tammy Staffen

Emily Tubbs

2020 Work Plan Activities

During 2020, the AODA committee completed the following:

I. Accessibility Training

HPEPH is committed to ensuring members are aware of and have access to appropriate AODA resources as such:

- Committee provided Accessible PowerPoint training to staff via Accessibility Canada.
- Created 2 New AODA resources for staff:
 1. Tips-Microsoft PowerPoint
 2. Tips-Use of Adobe and Word Screen Readers
- Provided AODA refresher training to all staff on Customer Service, General Requirements and Information & Communication.

II. Accessible Customer Service

HPEPH strives to ensure our clients, stakeholders, and staff have accessible options at all points of service delivery. Examples of this work is demonstrated by:

- Purchased clear masks for staff to wear if any client required accommodation.

III. Accessible Information and Communications

HPEPH ensures our clients, stakeholders and staff have access to accessible information and communications such as:

- Website pdfs were reviewed to ensure accessibility and meet WCAG 2.0 Level AA.
- Added screen reader software (NV Access) for Program Assistants to assist in making documents accessible.
- Added closed captioning to the MOHs live Facebook feed for weekly MOH COVID-19 updates.
- Accessible Publications and Supporting Statement reviewed/revised.

- AODA Chair forwarded [Ontario Raising Awareness About Accessibility](#) link (hiring people with disabilities) to HR and AODA committee

We are committed to providing accessible publications, programs and services to all. For assistance please call 613-966-5500; TTY: 711 or email accessibility@hpeph.ca. For more information, please visit hpePublicHealth.ca.

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Nancy McGeachy – Privacy Officer, Chief Nursing Officer, Program Manager
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, March 3, 2021
Subject:	2020 Privacy Report
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required by the Board.
Background:	<p><i>As per the Public Health Accountability Framework, “the board of health shall comply with all legal and statutory requirements”. The purpose of this report is to assure the Board of Health that HPEPH strives to be compliant with privacy legislation including the Personal Health Information Protection Act (PHIPA) and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).</i></p> <p>Privacy Program</p> <p>HPEPH is committed to respecting privacy, safeguarding confidential information and ensuring the security of the personal health information (PHI) and personal information (PI) that it collects, stores, and maintains. The objectives of the privacy program is to:</p> <ol style="list-style-type: none"> 1. Foster a culture of privacy within Public Health 2. Ensure privacy and security is incorporated into all Public Health programs and services 3. Ensure compliance with privacy legislation <p>HPEPH’s privacy program is delivered and managed by the Privacy and Security Officer. Duties and responsibilities of the Privacy and Security Officer include implementing policies and procedures, arranging staff education and training, ensuring mechanisms and processes are in place to safeguard the privacy of individuals, and to respond to any inquiries and requests for information. As well, the Privacy and Security Officer chairs the Privacy and Security Committee.</p> <p>Key Activities for 2020</p> <ol style="list-style-type: none"> 1. The Annual Public Health Statistical Reports for 2020 were completed and submitted to the Information & Privacy Commissioner (IPC) of Ontario in February 2021. The following statistics were reported to the IPC: <ul style="list-style-type: none"> • HPEPH responded to six (6) requests for information under the Freedom of Information Act.

	<ul style="list-style-type: none">• There were two privacy breaches in which information was disclosed without an individual's authority:<ul style="list-style-type: none">• "Unauthorized disclosure" was through misdirected emails - 1• "Used without authority" - 1 <p>2. Two Privacy Impact Assessments (PIA's) were completed for new programs or services developed and implemented in 2020. PIA's are conducted to help identify actual/potential risks an initiative, program or technology may pose to PHI.</p>
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Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Shirley Davis and Sandy Stevenson, Co-Chairs Joint Health & Safety Committee
Approved by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Date:	Wednesday, March 3, 2021
Subject:	Occupational Health and Safety Report 2020
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	Request the Board of Health accept the 2020 Health and Safety Report including endorsement of the organizational Health and Safety and Workplace Violence Statements.
Background:	<p><i>As per the Public Health Accountability Framework, “the board of health shall comply with all legal and statutory requirements”. The purpose of this report is to assure the Board of Health that Hastings Prince Edward Public Health (HPEPH) strives to be compliant with the Occupational Health and Safety Act (OHSA). The OHSA requires an annual review of the HPEPH Health and Safety and Workplace Violence policies which are attached herein.</i></p> <p>HPEPH is committed to working co-operatively with unionized staff to organize and conduct a joint health and safety committee in accordance with the OHSA. The committee is dedicated to maintaining and improving standards of health and safety throughout HPEPH in order to prevent accident, injury and illness, and to promote overall employee safety.</p> <p><u>Key Activities in 2020</u></p> <ul style="list-style-type: none"> • Held 4 planned meetings: <ul style="list-style-type: none"> - including 1 special meeting specific to covid-19 response issues - September meeting cancelled and final 3 held virtually due to COVID • COVID presented challenging issues to be addressed including but not limited to: <ul style="list-style-type: none"> - repatriation activities at CFB Trenton - physical distancing - screening - hand hygiene - cleaning/infection control within our facilities - personal protective equipment (PPE) for staff - drive-through testing - working remotely

	<ul style="list-style-type: none"> • Completed 16 HPEPH workplace inspections accompanied by Management. <p><u>Key Activities in 2020</u> <i>(continued)</i></p> <ul style="list-style-type: none"> • Reviewed Workplace Inspection Reports and followed up as needed. • Reviewed 9 Incident Reports and followed up as needed: <ul style="list-style-type: none"> - 2 Workplace Violence and Harassment (aggressive clients) - 2 Slips, Trips and Falls - 1 Material Handling - 1 Near Miss (faulty space heater) - 3 Other (1 bumped head and 2 brief exposures to clients with COVID symptoms) • Training and drills for Code White and Evacuation were postponed to 2021 due to COVID • 2 members completed Part II JHSC certification as required by OHSA • 2 submissions to staff newsletter – Medical Masks, Slips, Trips and Falls
Reviewed By:	Dr. Piotr Oglaza, Medical Officer of Health and CEO

Section:	HEALTH AND SAFETY
Sub Section:	Corporate Statements
Policy Title:	Health and Safety Statement
Approved By:	Hastings Prince Edward Board of Health
Date:	March 3, 2021

PURPOSE:

To provide a safe and healthy workplace and ensure compliance with the Occupational Health and Safety Act (OHSA).

POLICY:

- 1.0 Hastings Prince Edward Public Health (HPEPH) is committed to providing and maintaining a safe and healthy working environment in order to prevent occupational illness and injury in the workplace. The management team at HPEPH is accountable to ensure that a workplace health and safety program is implemented in accordance with the OHSA.
- 2.0 To fulfill this commitment, HPEPH will:
 - a. comply with the legislative requirements of the Occupational Health and Safety Act & Regulations, Workplace Safety and Insurance Act and other relevant laws regarding health and safety;
 - b. develop policies, procedures or protocols as required for health and safety in the workplace;
 - c. provide employees with health and safety training and education specific to job requirements;
 - d. ensure that all employees work in accordance with OHSA legislative requirements and HPEPH safety procedures and practices;
 - e. ensure that each management staff takes responsibility to ensure safe and healthy work conditions are maintained and unsafe conditions or violations are corrected in a timely manner, or where applicable, that preventive measures are implemented;
 - f. develop effective means of communication among all employees at HPEPH regarding health and safety matters; and
 - g. conduct an annual review of the health and safety program.

Application

This policy applies to all employees, students, volunteers and visitors to HPEPH. This policy will be reviewed, signed and dated annually.

Legislation

Procedures and decisions related to this policy shall comply with the *Occupational Health and Safety Act, Workplace Safety and Insurance Act* and other relevant laws regarding health and safety.

Created: Jun 2010
Revised: Jun 2013
Jun 2014
Sep 2015
Oct 2017
March 6, 2019
April 1, 2020
March 3, 2020

Jo-Anne Albert, Board Chair

Section:	HEALTH AND SAFETY
Sub Section:	Corporate Statements
Policy Title:	Workplace Violence Statement
Approved By:	Hastings Prince Edward Board of Health
Date:	March 3, 2021

In keeping with the Occupational Health and Safety Act, the management of Hastings Prince Edward Public Health (HPEPH) is committed to protecting staff from abusive or violent behaviour and will take all reasonable precautions to prevent violence and protect employees from acts of violence in the workplace.

Workplace Violence Defined:

Any act or attempted act of physical force towards a person in the workplace or any statement that may reasonably be interpreted as a threat of physical force towards a person in the workplace. This includes actions or statements, regardless of intent, where it should have reasonably been known that it could be perceived as a threat of violence.

As per the Workplace Violence and Risk Assessment policy:

- Management will provide training about workplace violence prevention to all staff, appoint a workplace violence coordinator and conduct workplace hazard assessments.
- Where events are escalating or appear to have the potential to become violent, staff are expected to take any reasonable actions to diffuse, avoid or remove themselves from potential harm.
- In threatening or violent situations staff should call the authorities (e.g. police or EMS) for immediate help first and contact his or her manager after the immediate situation is resolved.
- When past abuse or violent behaviours are a risk factor, staff will be informed as required and the manager will take reasonable precautions or make changes to the service delivery to protect staff.

When threatening or violent events occur, staff shall inform their supervisor as soon as possible. Upon notification, HPEPH management will;

- Take immediate action as needed and reasonable to protect staff.
- Investigate, report and deal with incidents of workplace violence in a timely manner. The complainant and alleged offender shall be treated fairly while preserving the dignity and self-respect of all persons involved.
- Maintain information confidential to the degree it does not interfere with the investigation.

Workplace violence is not condoned in any way from staff and will be dealt with using corrective action up to and including termination. Where the abusive person is a member of the public appropriate action may include issuing a no trespassing notice, withdrawal of services, severing the relationship or any other action necessary to protect the security of staff.

Application

This policy applies to all employees, students, volunteers, suppliers, clients, visitors and anyone else on our premises or conducting business with HPEPH. This policy will be reviewed, signed and dated annually.

Jo-Anne Albert, Board Chair

Created: Jul 2010
Revised: Apr 2013
Sep 2015
Oct 2017
March 6, 2019
April 1, 2020
March 3, 2021

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Eric Serwotka, Director of Public Health Programs
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, March 3, 2021
Subject:	Enforcement Activity Report - 2020
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards
Action Required:	No action required

INFORMATION REPORT

This report represents a summary of Health Protection enforcement activity for the period from January 1, 2020 to December 31, 2020.

Due to COVID-19 restrictions and pandemic response, the number of tobacco enforcement related activities were reduced in 2020.

TOBACCO CONTROL COMMENTS / UPDATE

Public Health Smoke-Free Ontario Enforcement Officers enforced all provisions of the Smoke-Free Ontario Act (SFOA) between the dates January 1 and December 31, 2020.

INSPECTIONS:

During the reporting period, Smoke-Free Ontario Enforcement staff conducted:

- 24 youth access inspections/vendor compliance checks to ensure that area retailers are not providing tobacco or vapour products to a person who is less than 19 years of age
- 124 annual inspections to ensure that tobacco and vapour product vendors are in compliance with display and promotion restrictions set out in SFOA
- 244 inspections to ensure all public places, workplaces, work vehicles, and other prescribed areas (e.g. school campuses, hospital entrances, sporting areas, outdoor restaurant/bar patios, playgrounds); meet the following:
 - 100% smoke-free
 - have “no smoking/no vaping” signs posted; and
 - do not contain ashtrays

WARNINGS:

The inspections under the SFOA resulted in a total of 51 **written/verbal warnings** being issued as follows:

- 29 Smoke/hold tobacco or cannabis or use a vapour product in prohibited place or area*
- 7 Failure of employer to post prescribed signs
- 3 Failure of employer to ensure compliance with section
- 1 Promote sale of tobacco products in place where sold or offered for sale
- 6 Promote sale of vapour products in place where sold or offered for sale
- 1 Offer to sell improperly packaged vapour product
- 2 Failure of employer to give notice of prohibition
- 1 Owner warned regarding theft of test shopper ID
- 1 Failure of employer to ensure no ashtrays or similar equipment

*higher than normal, increased education/warnings at schools

CHARGES:

The Inspections under the SFOA resulted in 14 **charges laid** during this period;

- 4 tickets were issued for “Sell/Supply tobacco or vapour products to a person who is less than 19 years old”
- 4 tickets were issued for “Smoke/Hold lighted tobacco in enclosed workplace or public place”
- 2 tickets were issued for “Failure of employer to ensure no ashtrays or similar equipment”
- 2 tickets were issued for “Failure of employer to ensure compliance with section”
- 1 ticket was issued for “Failure of employer to post prescribed signs”
- 1 ticket was issued for “Promote sale of vapour products in place where sold or offered for sale”

Smoke-Free Ontario enforcement staff also dealt with 239 public complaints, enquiries and requests for resources.

Smoke-Free Ontario enforcement staff, operating as Quinte West and Belleville by-law enforcement officers, received 5 municipal complaints or inquiries and issued 5 warnings.

Convictions of Smoke-Free Ontario Charges: Part 1 Offences

Premise	Offence	Offence Date	Conviction Date	Fine
Rona Belleville (Employee) 260 Bell Blvd., Belleville	Smoke tobacco in prohibited place	December 5, 2019	January 20, 2020	\$305
Loyalist Contractors (Owner) 11 Macsteven Dr., Picton	Failure of employer to ensure no ashtrays or similar equipment	January 22, 2020	January 27, 2020	\$365
Loyalist Contractors (Owner) 11 Macsteven Dr., Picton	Failure of employer to post prescribed signs	January 22, 2020	January 27, 2020	\$365
Pioneer Gas Bar (Clerk) 379 N. Front St., Belleville	Sell vapour product to a person who is less than 19 years old	October 10, 2019	February 4, 2020	\$240
Tickets Plus (Owner) 214 Front St., Belleville	Sell vapour product to a person who is less than 19 years old	October 10, 2019	February 4, 2020	\$240
Circle K (Clerk) 417 Bridge St. E., Belleville	Sell tobacco to a person who is less than 19 years old	January 21, 2020	February 7, 2020	\$490
Shell Clean Plus (Clerk) 125 Monck Rd., Bancroft	Sell tobacco to a person who is less than 19 years old	September 27, 2019	March 6, 2020	\$365
Mental Health & Addictions Supportive Housing (Tenant) Henry St., Belleville	Smoke tobacco in prohibited place	January 20, 2020	March 6, 2020	\$305
Rona Belleville (Employee) 260 Bell Blvd., Belleville	Smoke tobacco in prohibited place	December 5, 2019	May 25, 2020	\$305

ENVIRONMENTAL HEALTH COMMENTS / UPDATE

During the reporting period, Public Health Inspectors inspected/investigated:

- 1328 food premises (260 high risk, 660 moderate risk, 408 low risk)
- 540 rabies investigations
- 13 SDWS (Small Drinking Water Systems)
- 31 recreational water facilities
- 49 personal services settings
- 3485 public complaints, enquiries and requests for information
 - 2848 COVID-19 related complaints/requests

Convictions: Healthy Environments Offences

Premise	Offence	Offence Date	Conviction Date	Fine
Buffet Garden (Owner)	Ontario Regulation 493/17 Section 7(0)(ii) Food premise maintained in a manner adversely affecting sanitary operation.	January 16, 2020	February 24, 2020	\$580.00

Community Health Protection Orders: Healthy Environments Offences

Premise	Offence	Offence Date
Canton Restaurant (2174147 Ontario Inc.) 17477 Highway 2 Trenton, ON K8V 3H8	Ontario Regulation 493/17: Food Premises - Failure to adequately clean and sanitize equipment and utensils - Ontario Regulation 493/17, s.13(1): Failure to protect the food premise against the entry of pests and failure to keep free of conditions that lead to the harbouring or breeding of pests - Failure to ensure there is at least one food handler or supervisor on the premise who has completed food handler training during every hour in which the premise is operating	August 12, 2020
The Bargain Club (5010136 Ontario Inc.) 87 Dundas Street West Trenton, ON K8V 3P4	Ontario Regulation 493/17: Food Premises - Ontario Regulation 493/17, s.7(1)(a). Food premise maintained in manner adversely affecting sanitary operation to wit failure to prevent a gross infestation of mice within the premises. - Ontario Regulation 493/17, s.13(1). Failure to protect the food premises against the entry of pests and failure to keep free of conditions that lead to the harbouring or breeding of pests - Ontario Regulation 493/17, s.7(1)(g). Failure to ensure walls and ceilings are kept in good repair	August 31, 2020
Robert Quinn 696 Laidlaw Crescent Kingston, ON K7M 5M4	Section 13 of the Health Protection and Promotion Act, R.S.O. 1990, Ch. H.7 - health hazard is likely to have an adverse effect on the health of persons in the vicinity.	December 9, 2020
County Dental Care 9 Chapel Street Picton ON K0K 2T0	Section 13 of the Health Protection and Promotion Act, R.S.O. 1990, Ch. H.7 - health hazard is likely to have an adverse effect on the health of persons in the vicinity.	June 26, 2020
Fairfield Inn & Suites by Marriott 407 North Front Street Belleville, ON K8P 3C8	Ontario Regulation 565/90 (Public Pools) section 7(8)(b) and (c) - Failure to maintain required free available chlorine residual and pH within the required range	February 13, 2020
Brandon Lentini, Pool Operator Quinte Garden Retirement Residence 30 College Street West Belleville, ON K8P 0A9	Ontario Regulation 565/90 (Public Pools) s.(6)(m) - Failure to ensure that, in the case of a pool, a black disc 150 millimetres in diameter on a white background is affixed to the bottom of the pool at its deepest point.	October 22, 2020
Irene Camp 1445 County Road 10 Picton, ON K0K 2T0	Section 13 of the Health Protection and Promotion Act, R.S.O. 1990, Ch. H.7 - health hazard is likely to have an adverse effect on the health of persons in the vicinity.	November 25, 2019

Premise	Offence	Offence Date
Community Care for South Hastings staff including, Irene Camp, RPN Foot care service provider 293 Main Street Deseronto, ON K0K 1X0	Section 13 of the Health Protection and Promotion Act, R.S.O. 1990, Ch. H.7 - health hazard is likely to have an adverse effect on the health of persons in the vicinity.	October 30, 2019

COMMENTS

1. What legislation governs the activities of Healthy Environments Division?
Activities of the Healthy Environments division are governed by certain regulations under the Health Protection and Promotion Act such as: food premises regulation, public pools regulation, communicable disease regulation, rabies immunization regulation and others. Activities of Healthy Environments are determined by the Ministry of Health, Ontario Public Health Standards and Protocols.
2. What measures can a Public Health Inspector take to protect public safety?
Public Health Inspectors ensure compliance through:
 - Inspections and education
 - Community health protection orders
 - Closure orders
 - Charges, tickets (offence notices) and summons
 - Seizure and/or destruction of a health hazard
3. What are community health protection orders?
Orders issued according to Section 13 of the Health Protection and Promotion Act. They can be written or oral. The primary purpose of issuing an order is to correct the existence of a health hazard.
4. What are charges?
Legal action in relation to orders and is only commenced if the order is not complied with. If a conviction is registered for non-compliance with an order, the fine can be as high as \$5000/day.
5. What determines whether an offence notice, order or summons is issued?
An order is used to correct a health hazard. Offence notices and summonses are used to commence legal action. Legal action can be taken in response to a non-compliance with legislation or non-compliance with an order that has been issued.
6. Who is charged for infractions?
A charge may be directed to a business, corporation or an individual.
7. Why do amount of fines vary?
Set fines vary depending upon the seriousness of the non-compliance. Fines imposed in court after a conviction can vary dependent upon the circumstances and the decision of the judge or justice of the peace.
8. Where does the money go?
The Provincial Offences Court transfers revenue from fines and charges to Hastings County, Belleville, Quinte West and Prince Edward County.

9. Can the public call to report conditions they consider being unsafe in any of the programs?

Yes, we encourage the public to report concerns regarding any of the programs that we carry out or any situation which they feel affects public health.

FINANCIAL IMPLICATIONS

Legal Fees: \$1603.03

STRATEGIC PLAN VALUE

- Accountability
- Ontario Public Health Standards
 - Food Safety Protocol
 - i. Compliance and Enforcement
 - 4) *The board of health shall establish practices that promote an inspection approach that focuses on compliance. Inspection practices shall include but are not limited to:*
 - a) *The use of compliance assistance activities;*
 - b) *A risk-based enforcement strategy; and*
 - c) *The use of judgment.*
 - ii. Disclosure
 - 1) *The board of health shall publicly disclose a summary report on each routine and complaint-based inspection of food premises. Reports:*
 - a) *Must be posted on the board of health's website in a location that is easily accessible to the public within two weeks of a completed inspection.*
 - Reports must be posted for two years.*
 - Tobacco Protocol
 - i. Enforcement Activity
 - The board of health shall use a compliance strategy that employs a balance of education, inspection, and progressive enforcement. "Progressive enforcement" means the use of warnings and graduated charging options to reflect the frequency and severity of the level of non-compliance.*
 - Electronic Cigarettes Protocol
 - i. Enforcement Activity
 - The board of health shall use a compliance strategy that employs a balance of education, inspection, and progressive enforcement. "Progressive enforcement" means the use of warnings and graduated charging options to reflect the frequency and severity of the level of non-compliance.*

REFERENCE / CONSULTATION

- Ontario Public Health Standards, Ministry of Health and Long-Term Care, 2018
- Health Protection and Promotion Act¹ and its Regulations
- Smoke-Free Ontario Act, 2017
- Electronic Cigarettes Act, 2015
- Tobacco Protocol, 2018, made under the Ontario Public Health Standards, Ministry of Health and Long-Term Care, 2018
- Electronic Cigarettes Protocol, 2018 made under the Ontario Public Health Standards, Ministry of Health and Long-Term Care, 2018
- Directives: Enforcement of the Smoke-Free Ontario Act (SFOA), Ministry of Health and Long-Term Care, January 1, 2016
- Directives: Enforcement of the Electronic Cigarettes Act, Ministry of Health and Long-Term Care, January 1, 2016

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Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1
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February 5, 2021

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Sent via email: Christine.Elliott@ontario.ca

Dear Minister Elliott:

The Hastings Prince Edward Board of Health is concerned about the current absence of paid sick leave standards for workers in the province. As a matter of public health, with an aim to reduce overall costs and strain for the health care system, we request government to consider updating employment standards to implement paid sick days for all workers. We support the principles outlined in Bill 239 with regard to paid sick days.

The COVID-19 pandemic has emphasized the need for paid sick days in order to curb the transmission of infectious disease. This would result in overall protection of public health. As of December 4, 2020, 30 percent of active outbreaks of COVID-19 in Ontario occurred in workplaces. As of September 1, 2020, workplaces have been associated with seven out of eight outbreaks in Hastings and Prince Edward Counties (HPEC). One in five cases of COVID-19 in HPEC have been acquired at a workplace outbreak or have been a close contact of someone who contracted COVID-19 from a workplace outbreak. Workplaces with precarious jobs where workers lack access to paid sick leave have become hotspots for COVID-19 transmission. These include but are not limited to outbreaks in long-term care homes, farms, meat-processing plants, grocery stores, and warehouses.

The COVID-19 pandemic has exposed the urgent need to address gaps in access to paid sick days as a matter of health equity. Low-wage workers, who are disproportionately Black and racialized, are more likely to be denied paid sick days and face higher rates of COVID-19. These gaps are especially dangerous for workers with chronic health or immunocompromised conditions, persons with disabilities, seniors, children, and patients who rely on support workers to provide care and support.

Staying home when sick is one of the most effective containment strategies for infectious disease. A 2006 Public Health Agency of Canada report studying gastrointestinal illness shows that workers in high-risk settings such as food handling, long-term care and child care, will continue to work when ill when they cannot afford to take time off. A 2018 study from Swiss Economic Institute's Stefan Pichler and Cornell University's Nicolas Ziebarth found that cities in the United States with paid sick days saw a 40% reduction in influenza rates during flu waves compared to cities without.

Workers without paid sick days are forced to choose between sacrificing their financial security in order to prevent the spread of illness or going to work while sick in order to support themselves and

North Hastings

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T: 613-966-5500 | F: 613-476-2919

Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4
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their families. Without proactive and supportive public policy in place to help make it feasible for workers to stay home when they are ill, behavioural recommendations are limited in their effectiveness.

Chief Public Health Officer of Canada Theresa Tam recognizes why paid sick leave is essential to protect worker and community health in her October 2020 report *From Risk to Resilience: An Equity Approach to COVID-19*:


“Without paid sick leave, employees may lose income if they become ill and are unable to work. Without employment security, they may lose their jobs if they stay home when sick. In either case, and particularly if they are economically insecure, workers may feel unable to comply with public health guidance to stay home when sick.”

In addition to the points mentioned above, paid sick days support effective immunization uptake. Evidence shows paid sick days increase vaccination rates. Both workers with paid sick days and their children have higher vaccination rates against the flu, and better access to other preventive health services.

Not only are these measures crucial for protecting against COVID-19, but they will also protect public health from infectious pathogens like influenza and future outbreaks, as we have seen with SARS and H1N1.

Thank you for considering our recommendations, and we look forward to hearing from you.

Sincerely,



Jo-Anne Albert
Board Chair
Hastings Prince Edward Board of Health



Piotr Oglaza MD, CPHI(C), CCFP, MPH, FRCPC
Medical Officer of Health and CEO
Hastings Prince Edward Public Health

cc: Honourable Doug Ford, Premier of Ontario - premier@ontario.ca
Honourable Monte McNaughton, Minister of Labour, Training and Skills Development - monte.mcnaughton@pc.ola.org
Dr. David Williams, Provincial Chief Medical Officer of Health - dr.david.williams@ontario.ca
Honourable Todd Smith, MPP Bay of Quinte - todd.smithco@pc.ola.org
Honourable Daryl Kramp, MPP Hastings – Lennox and Addington - daryl.kramp@pc.ola.org
Mayor Mitch Panciuk, City of Belleville – mayor.panciuk@city.belleville.on.ca
Mayor Jim Harrison, City of Quinte West – mayor@quintewest.ca
Mayor Steve Ferguson, Corporation of County of Prince Edward – sferguson@pecounty.on.ca
Warden Rick Phillips, County of Hastings – phillipsrick@hastingscounty.com
Mr. Erin O’Toole, Conservative Party – erin.otoole@parl.gc.ca
Ms. Andrea Horwath, New Democratic Party – ahorwath-qp@ndp.on.ca
Ms. Peggy Sattler, MPP London West – psattler-qp@ndp.on.ca

Listing of Information Items Board of Health Meeting – March 3, 2021

1. KFLA Public Health – Letter to D. Ford re Mandatory paid sick leave for Ontario workers dated February 1, 2021
2. Grey Bruce Health Unit – Letter to M. Walton re Board of Health’s legal authority dated January 25, 2021
3. aPHa – Letter to D. Ford re paid sick leave as a public health measure dated February 9, 2021
4. Peterborough Public Health – Letter to D. Ford, S. Lecce and C. Elliott re Bill 216: Food Literacy for Students Act, 2020 dated February 12, 2021
5. Email from Peggy Sattler dated February 12, 2021 re support for paid sick days and associated media release
6. Peterborough Public Health – Letter to D. Ford, C. Elliott and J. McNaughton re paid sick leave during infectious disease emergency dated February 16, 2021
7. Chatham-Kent Public Health – Letter to D. Ford re paid sick leave during COVID-19 pandemic and beyond dated February 16, 2021
8. aPHa – Letter to D. Ford re: Keeping Ontario Safe and Open dated February 19, 2021
9. Windsor-Essex County Health Unit – Letter to D. Ford re: Mandatory paid sick leave for Ontario Workers dated February 22, 2021

The above information items can be found on the Hastings Prince Edward Public Health’s website through the link in the Agenda Package or by going to our website at hpePublicHealth.ca.