



BOARD OF HEALTH MEETING

Wednesday, **June 2**, 2021
9:30 – 11:30 a.m.

Via Zoom

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, June 2, 2021

9:30 to 11:30 a.m.

Virtual ZOOM Meeting

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF**
4. **APPROVAL OF THE AGENDA**
5. **APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING**
 - 5.1 Meeting Minutes of Wednesday, May 5, 2020 [Schedule 5.1](#)
6. **BUSINESS ARISING FROM THE MINUTES**
7. **DEPUTATIONS** - None
8. **COMMITTEE REPORTS**
 - 8.1 Finance Committee - None
 - 8.2 Governance Committee – Jan
 - 8.2.1 2020-2021 Strategic Planning Progress Report [Schedule 8.2.1](#)
 - 8.2.2 Proposed 2021-2022 Risk Management Report [Schedule 8.2.2](#)
9. **REPORT OF THE MEDICAL OFFICER OF HEALTH** [Schedule 9.0](#)
10. **STAFF REPORTS**
 - 10.1 COVID-19 Pandemic Response Evaluation [Schedule 10.1](#)
11. **CORRESPONDENCE AND COMMUNICATIONS**
 - 11.1 Email from Col. Ryan Deming, CFB Trenton [Schedule 11.1](#)
 - 11.2 Letter from Premier of Ontario's Office [Schedule 11.2](#)
 - 11.3 Response letter to Premier Ford from COMOH (re 11.2) [Schedule 11.3](#)
 - 11.4 Response letter to Premier Ford from HPEPH (re 11.2) [Schedule 11.4](#)
12. **NEW BUSINESS**
13. **INFORMATION ITEMS** (Available for viewing online at hpePublicHealth.ca) [Schedule 13.0](#)
14. **DATE OF NEXT MEETING** – Wednesday, September 2, 2021 at 9:30 a.m.
15. **ADJOURNMENT**



BOARD OF HEALTH MEETING MINUTES
Wednesday, May 5, 2021
Hastings Prince Edward Public Health (HPEPH)
Via Virtual – ZOOM

Present: Via ZOOM

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. 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

Chair Albert called the meeting to order at 9:30 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. APPROVAL OF AGENDA

MOTION:

Moved by: Stewart

Seconded by: Sean

THAT the agenda for the Board of Health (Board) meeting on Wednesday, May 5, 2021 be approved as circulated.

CARRIED

5. CLOSED SESSION

THAT the Board of Health convene in closed session for the purpose of a discussion of personnel issues in accordance with Section 239 (2) (d) *labour relations or employee negotiations* of the Municipal Act.

MOTION:

Moved by: Terry
Seconded by: Craig
CARRIED

6. MOTIONS ARISING FROM CLOSED SESSION

THAT the Board endorse the actions approved in the Closed Session and direct the staff to take appropriate action.

MOTION:

Moved by: Andreas
Seconded by: Stewart
CARRIED

At this point in the meeting, Chair Albert made a few remarks around Board governance and the advocacy policy and encouraged the Board to review the policy package. A copy of the Advocacy Policy will be distributed after the meeting.

7. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETINGS

7.1 Meeting minutes of Wednesday, March 3, 2021

THAT the minutes of the regular meeting of the Board held on Wednesday, March 3, 2021 be approved as circulated.

MOTION:

Moved by: Terry
Seconded by: Jan
CARRIED

7.2 Meeting minutes of Wednesday, April 7, 2021

THAT the minutes of the regular meeting of the Board held on Wednesday, April 7, 2021 be approved as circulated.

MOTION:

Moved by: Bill
Seconded by: Terry
CARRIED

8. BUSINESS ARISING FROM MINUTES – None**9. DEPUTATIONS** - None**10. COMMITTEE REPORTS**

10.1 Finance Committee – Terry

Terry gave a quick summary of the last Finance Meeting and introduced and welcomed Val Dunham and Dan Coleman.

THAT the report of the Finance Committee be received as presented.

MOTION

Moved by: Bill

Seconded by: Stewart

CARRIED

10.1.1 Draft Audited Financial Statements presented by Dan Coleman, Partner, Welch LLP

Mr. Dan Coleman presented the audited financial statements noting a few items:

- The financial statements were reviewed by the Finance Committee in April.
- On page 3 is the Independent Auditors Report where there is an opinion paragraph that says the financial statements are in all respects fair, it was a clean audit and there are no qualifications.

Mr. Coleman went on to discuss some of the statements. There were no questions at the end of his presentation.

Chair Cassidy thanked Mr. Coleman for his presentation of the financial statements to the Board. Chair Cassidy also commended HPEPH staff for keeping everything well organized during what has been a tough year and Welch LLP staff for getting this audit completed during the ongoing pandemic.

THAT the 2020 draft audited financial statements for Hastings Prince Edward Public Health be approved as presented.

MOTION:

Moved by: Terry

Seconded by: Sean

CARRIED

10.2 Governance Committee - None

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

- Dr. Oglaza discussed the upcoming aIPHa annual conference and encouraged any member that wanted to attend to contact the Board Secretary to be registered.
- He mentioned we would be sending a letter of support for the Quinte Ontario Health Team.
- Dr. Toumishey briefly discussed the process for the Ontario Health Team.

- Dr. Toumishey discussed the local epidemiology and case and contact management noting that we are on a downward trend. The two main drivers of cases are family gatherings and workplaces.
- Dr. Oglaza talked about the COVID-19 immunization planning and vaccine rollout noting that we have 36% of our residents immunized and that we are now receiving our regular population-based allocation of vaccine. We will be adding another mass immunization clinic location at the Quinte Sports & Wellness Centre beginning in June.
- Discussion followed the MOH report.

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

MOTION

Moved by: Stewart

Seconded by: Craig

CARRIED

12. STAFF REPORTS - None

13. CORRESPONDENCE AND COMMUNICATIONS

13.1 Letter to Minister Christine Elliott re COVID-19 Vaccine Allocations

13.2 Letter to Minister Christine Elliott re Second doses for high risk health care workers

The Board thanked Dr. Oglaza for sending these letters but requested the leaders of all the political parties be copied on letters that go to the Premier.

THAT the correspondence be received as circulated.

MOTION:

Moved by: Michael

Seconded by: Bill

CARRIED

14. NEW BUSINESS – None

15. INFORMATION ITEMS

Chair Albert drew the Board's attention to the information items listed within the agenda.

MOTION

Moved by: Terry

Seconded by: Jan

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

CARRIED

16. DATE OF NEXT MEETING – Wednesday, June 2, 2021

17. ADJOURNMENT

MOTION:

Moved by: Stewart

Seconded by: Craig

THAT this meeting of the Board be adjourned at 11:21 a.m.

CARRIED

Jo-Anne Albert, Chair

STRATEGIC PLANNING PROGRESS REPORT

MAY 2020 TO APRIL 2021

Community Engagement

➤ Community Engagement initiatives with identified stakeholder groups.



1. Schools

- ♦ Developed and implemented a new service delivery model for Healthy Schools program, including new public health nurse positions.
- ♦ Worked with schools to ensure their safe reopening in September 2020, and provided ongoing case and contact management. Provided continued collaboration in the ongoing safety of the school environment.

2. Municipalities

- ♦ Developed internal structure for municipal liaison as well as provided feedback on the Prince Edward County Official Plan, Belleville Community Improvement Plan, Belleville Official Plan, Belleville Parks and Recreation Master Plan, and participated in Quinte West Community Safety and Wellbeing Plan development.
- ♦ Worked with municipalities to plan and implement the COVID-19 immunization rollout across Hastings and Prince Edward Counties (HPEC).
- ♦ Liaised with municipalities, and other community partners including, Hastings Quinte Paramedic Services, local police services, and by-law enforcement related to COVID-19 response throughout the course of the pandemic.

3. Health care professionals / organizations

- ♦ Participated in HPE Ontario Health Team visioning exercise as well as planning meetings.
- ♦ Continue to work with CFB Trenton around COVID-19 case and contact management.
- ♦ Worked with Quinte Health Care (QHC) to facilitate the development of sites, processes and testing capacity for COVID-19 in HPEC.
- ♦ Worked with QHC, Hastings Quinte Paramedic Services, primary care, and other HPE Ontario Health Team partners to plan and implement the COVID-19 immunization rollout across HPEC.
- ♦ Joint planning with Loyalist College for the first mass immunization clinic in HPEC at their Belleville site.

4. Priority populations

- ♦ Completed a Health Equity Impact Assessment, which included engagement with municipalities, community partners, and priority populations to ensure the COVID-19 pandemic response is reaching the most vulnerable in our community.
- ♦ Developed tailored strategies for COVID-19 vaccination rollout to reach priority populations, including people living with homelessness and newcomers.
- ♦ Worked with Mohawks of the Bay of Quinte, Kijicho Manito Madaouskarini Algonquin Nation, and the Métis Nation of Ontario in planning and implementing the vaccine immunization rollout to their community members.

- **Continue to strengthen relationships through participation in community working groups and the development of partnerships throughout the region.**
 - ♦ Worked with Quinte Immigration Services and Quinte Local Immigration Partnership to ensure public health services are available and accessible to newcomers to the region.
 - ♦ Participated in the Belleville Equity, Diversity and Inclusion Committee, formerly the Belleville Inclusion Committee.
 - ♦ Supported the development of an isolation plan for the Grace Inn Shelter in Belleville to support those experiencing homelessness, and develop symptoms of COVID-19.
 - ♦ Collaborated with community members on housing issues occurring during the pandemic through the affordable housing working group.
 - Supported the work of the Prosperity Gateway PEC on income security in Prince Edward County.
 - Worked with Community Advocacy and Legal Centre to ensure people required to self-isolate due to COVID-19 are being treated fairly by their employers.
 - Strengthened relationships with Indigenous partners to ensure vaccine rollout demonstrated appropriate prioritization and cultural safety.
- **Website 2020**
 - ♦ Added and continue to add to the website current COVID-19 information for the general public and specific sectors. Information such as specific dashboards for current and historical number of cases, outbreaks, and vaccines administered, media releases, vaccine booking and eligibility, vaccine safety and availability, current restrictions, information about getting tested and other resources in order to have all COVID-19 information in one place for ease of public consumption.
 - ♦ The website's average number of weekly users has seen a steady increase since its launch, with 5,000 users in the first quarter of 2020 to 22,000 average weekly users in the last quarter of 2020.

Staff Engagement and Culture

- ♦ COVID-19 Human Resource Evaluation provided staff opportunity to give input and feedback in relation to efficiency and staff safety and wellbeing during the first wave of COVID-19.
- ♦ A culture of appreciation addressed through internal staff communication, and all-staff events now feature appreciation and recognition elements.
- ♦ Strengthened capacity of the Communications team through the addition of two positions.
- ♦ Communication Strategy implementation and accomplishments include:
 - centralized distribution of e-newsletters and stakeholder update bulletins,
 - streamlined social media presence with centralized moderation and content management,
 - centralized production of communications and promotional products, and
 - established a consistent contact point for media relations.
- **Internal Communication Plan**
 - ♦ Streamlined and implemented consistent internal communications processes during the COVID-19 response through daily and weekly updates and Messages from the MOH regarding critical issues as deemed necessary.



Population Health Assessment and Surveillance



1. *Improve data access, organization, management and storage*

- ♦ HPEPH developed a framework for evaluating and improving Covid-19 responses including the continuous improvement of case management, communications, school-based nursing and mass immunization. The planning cycle toolkit was used to improve on both efficiency and effectiveness in program delivery.
- ♦ Developed schedule and procedure for updating respiratory data, disease of public health significance, and COVID-19.
- ♦ Established raw data warehouse to store all extracted COVID-19 related data; used as the source data for three (3) COVID-19 website dashboards.

2. *Incorporate a health equity approach in the collection and analysis of data*

- ♦ Collected social determinants of health data for COVID-19 cases and completed regularly updated data analyses.
- ♦ Contributed to collaborative Shared Health Equity Dashboard with Kingston, Frontenac Lennox and Addington (KFLA) Public Health, Leeds, Grenville and Lanark (LGL) District Health Unit, and Southeast LHIN which used a health equity lens to describe and compare SDOH for a number of core health indicators.

3. *Focus on assessing, interpreting and using data products*

- ♦ Development, application, and continual revision of surveillance of COVID-19. Created three (3) COVID-19 dashboards based on sensitivity of data and audience:
 - Public COVID-19 Dashboard for general public
 - COVID-19 Indicators Dashboard for internal and key community partners which focuses on the indicators used in the provincial framework for re-opening (the colour system)
 - Internal dashboard – for internal use only – sensitive individual-line data that helps us identify emerging trends and clusters
- ♦ Draft surveillance plan developed for Opioid Surveillance created in collaboration with Harm Reduction Nurse.
- ♦ Created dashboards to assist with surveillance for Diseases of Public Health Significance (includes Sexual Health indicators), Respiratory Infections (includes Influenza), and Mental Health. In progress dashboards for Substance Use (includes alcohol and marijuana use) and Chronic Diseases.
- ♦ Continued to build capacity in population health assessment and surveillance; included COVID-19 surveillance and assessment training in COVID-19 Case Manager orientations.

4. *Enhance population health assessment and surveillance knowledge exchange.*

- ♦ Continued participation in Community Data Consortium with key community partners including at minimum meeting quarterly.

Program Standards

- Business continuity plans were refreshed and modified to reflect the impacts of COVID-19 on all public health programs. Programs and services were scaled back based on priority, available resources and ensuring the continuity of critical / essential services.

Schools

- ♦ Service delivery model updated August 2020 to include school public health nurses.
- ♦ Evidence-informed recommendations developed for 5 of 7 priority topic areas (mental health promotion, substance use prevention, healthy eating, physical activity, healthy sexuality, and healthy growth and development).

**Health Equity**

- ♦ Community food assessment completed to inform role of Hastings Prince Edward Public Health in improving the accessibility, affordability, availability, and adequacy of nutritious foods in Hastings and Prince Edward Counties.
- ♦ Health Equity was a central tactic employed in the development and implementation of our local COVID-19 mass immunization rollout. These strategies were developed in conjunction with KFL&A and LGL public health units, Kingston Health Sciences and the Province.

Health Promotion

- ♦ Six planning cycles completed to date for priority topics in school health.
- ♦ Virtual planning cycle training modules initiated.
- ♦ Used the planning cycle to inform evaluation framework for the COVID-19 vaccine rollout.

Policy Advocacy Framework

- ♦ The Framework guided advocacy issues including:
 - Board of Health advocacy for paid sick days, improved access to warming centres for people living with homelessness, and support for Bill 216 Food Literacy for Students Act, 2020.
 - Medical Officer of Health advocacy for a range of COVID-19 response issues including vaccine allocation, timing second doses for health care workers, implementation provincial public health restrictions at the provincial and local levels, and school reopening.

Healthy Babies Healthy Children

- ♦ Developed a pilot project for the use of the Ontario Telemedicine Network (OTN) for public health nurses and family home visitors in meeting with clients necessitated by the pandemic.

Infectious and Communicable Diseases

- ♦ To strengthen Clinical and Communicable Disease Programs a second Program Director (with a medical background) was recruited. Onboarding is currently underway. To support the significant demands of both Covid-19 case management and immunization two temporary program managers were recruited to meet the increased workload.

Health Promotion**Comprehensive Prioritization for Health Promotion Topics**

- ♦ Decision tree developed to guide participation in community engagement for health promotion topics based on prioritization.
- ♦ Indicators for health protection standards identified and data gathered to assist with recovery planning.



Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Valerie Dunham, Director of Corporate Services/Associate CEO
Reviewed by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, June 2, 2021
Subject:	Risk Management
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input checked="" 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:	For review, discussion and approval.
Background:	<p>HPEPH has a comprehensive risk management policy and procedure that was approved by the Board of Health in 2017. The policy outlines responsibilities for risk management and provides a framework to track key risk mitigations associated with categories of risk. The approach taken is consistent with the provincial risk management system provided by the Ministry in 2017.</p> <p>Risk Management activities are reported to the Governance Committee and to the Ministry. The Executive Team has reviewed organizational risks and developed a new listing of risk categories for the period of April 2021 to March 2022. Risks established are all resulting from the ongoing response to COVID-19 as well as anticipated risks as we move from emergency response to recovery. Risks have purposely been identified at a high level and will be mitigated with strategic mitigation approaches, emphasizing policy changes and development of multi-year strategies whenever possible.</p> <p>The Risk Management program, including the policy and procedure in place, will be reviewed and brought forward for Board approval in the fall of 2021. The goal is to simplify the process as much as possible and streamline reporting procedures to be consistent with Ministry guidelines.</p> <p>The Governance Committee is requested to review the key risks identified and provide feedback to the Executive Team as deemed necessary. The Governance Committee is also requested to report these key risks to the Board of Health at the June meeting.</p>

**HPEPH - RISK MANAGEMENT REPORT
For the Period April 2021 - March 2022**

Item #	Risk	Category	Likelihood	Impact	Risk Rating		Mitigation	Lead	Report Dates
1	Potential of legal action given interactions with thousands of people in the community through enforcement activities, COVID-19 vaccine clinics and dental work.	Compliance Legal	4	2	8	Moderate	<ol style="list-style-type: none"> 1. Seek legal advice to create standardized indemnification clause. 2. Develop checklist for review of contracts. 3. Review health and safety procedures for community work. 	Director of Corporate Services	Progress report to BOH in October 2021
2	Risk of financial exposure during intense and abrupt change of expenditures and staffing levels experienced during COVID-19; concern over financial resources in future.	Financial	3	4	12	Moderate-High	<ol style="list-style-type: none"> 1. Review reserve policy and procedure with Finance Committee; establish objectives and TOR for access. 2. Review internal controls and reporting processes. 3. Develop and implement internal audit process for oversight and increased accountability. 4. Prepare 5-year financial strategy. 	Director of Corporate Services/ Finance Manager	Progress report to BOH in October 2021
3	Significant uncertainty about service delivery post-COVID-19 and the transition from emergency response and mass immunization to recovery. As the recovery from COVID-19 is planned and implemented, the pace of organizational change will continue. HPEPH must be prepared to quickly change priorities and directions and implement new policies, procedures, and services effectively. This risk is particularly concerning given staff changes, workload issues and retirements in the organization.	Governance / Organizational/ Strategic / Policy	5	3	15	High	<ol style="list-style-type: none"> 1. Develop recovery plan for COVID-19. 2. Identify associated impacts to traditional service delivery. 	Program Directors	Progress report to BOH in October 2021
4	Human resource risk of dealing with staff fatigue resulting from the pandemic, impacts of working from home, changing expectations of work assignments, pending retirements and associated succession planning.	People / Human Resources	5	3	15	High	<ol style="list-style-type: none"> 1. Develop human resource strategy to address key HR issues. 	Manager, Human Resources and Organizational Development	Progress report to BOH in October 2021
5	Ongoing privacy and security risks due to staff fatigue, working from home and balancing work/home obligations.	Privacy and Security	5	4	20	High	<ol style="list-style-type: none"> 1. Review existing security technology. 2. Ensure ongoing staff training and orientation. 	IT Manager and Privacy Officer	Progress report to BOH in October 2021

**HPEPH - RISK MANAGEMENT REPORT
For the Period April 2021 - March 2022**

Item #	Risk	Category	Likelihood	Impact	Risk Rating		Mitigation	Lead	Report Dates
6	Loss of stakeholder confidence and support due to ongoing changes associated with COVID-19, unfavourable public health restrictions, vaccine supply issues and loss of traditional public health services.	Stakeholder/ Public Perception	2	3	6	Moderate	1. Review Communication Strategy.	MOH/Communication Team	Progress report to BOH in October 2021
7	The technological demands and costs incurred during the pandemic will have long-standing implications to the organization with associated financial and sustainability issues. The compatibility of programs, capacity of the organization, training of staff and ease of use is an ongoing risk and organizational challenge.	Technology	5	3	15	High	1. Develop multi-year strategy for Information Technology.	IT Manager and Director of Corporate Services	Progress report to BOH in October 2021

Report from Medical Officer of Health

- COVID-19 Update
 - Local Epidemiology
 - Case and Contact Management Update
 - Vaccine Rollout Update

Board of Health Briefing Note

To:	Hastings Prince Edward Board of Health
Prepared by:	Tanya Hill, Manager, Foundational Standards & Communications
Approved by:	Eric Serwotka, Director of Public Health Programs
Date:	Wednesday, June 2, 2021
Subject:	COVID-19 Pandemic Response Evaluation
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 type="checkbox"/> Compliance with Program Standards
Action Required:	No action required
Background:	<ul style="list-style-type: none"> • Evaluation has been used throughout the COVID-19 pandemic response in order to continuously adapt and improve interventions in a rapidly changing environment. • Key areas that have been subject to process evaluation focused on quality improvement include: <ul style="list-style-type: none"> ○ Human resources (May – August 2020) ○ Communications (September – October 2020) ○ Case and contact management (ongoing) ○ Vaccine rollout (ongoing) ○ School partnerships (May – August 2021) • Improvements made include: <ul style="list-style-type: none"> ○ Remote work policy and procedure completed ○ Investment in equipment for all staff to work from home (with exception of building maintenance) ○ Review of workspace physical layouts and reception redesign ○ Improved cleaning practices, signage and access to hand sanitizer and disinfectant ○ Implementation of daily active screening and mandatory masking ○ Pandemic Response Plan (Wave 2) developed and communicated with staff in Sept 2020. ○ Improved efficiencies in communications ○ Enhanced case and contact management (CCM) surge capacity planning ○ Regular, formal and informal training for CCM staff ○ Enhanced management of school cases ○ Increased opportunity for priority group vaccination • Evaluation is not only something done at the end of an initiative, but its greatest value is to help us pivot and adapt effectively to the rapidly changing environment. Over the past year evaluation has been critical to shaping our pandemic response.
Reviewed By:	Dr. Piotr Oglaza, Medical Officer of Health and CEO



COVID-19 Pandemic Response Evaluation

Tanya Hill, MPH, CE

Manager, Foundational Standards & Communications

Presented to
Board of Health
June 2, 2021

Real-Time Evaluation

- Timeliness to support decision-making
- Perspective by ensuring early operational choices are optimized or mitigated to enhance effectiveness and impact
- Interactivity by influencing the response as it develops and evolves, allowing decision-makers to make key interim changes

Evaluation Activities

Human Resources

- May – August 2020

Communications

- September – October 2020

Vaccine Roll Out

- Ongoing

Case & Contact Management

- Ongoing

School Partnerships

- May – August 2021



Human Resources

- Are the health and safety activities implemented to date working as expected to protect and promote the health and well-being of employees?



Human Resources

- Are employees receiving adequate support and accommodation to adjust to changes in work-life balance?



Human Resources

- Are staff receiving **adequate training and support to develop** their capacities for their new roles in the COVID-19 response?



Human Resources

- Are employees satisfied with the COVID-19 communication updates from leadership?

Achievements

**Great Work Public
Health**

Communications

Adapting to Change

Flexibility

Intake Line

Partnerships

Healthcare Provider
Engagement

Case
Management

Work from Home

Testing Centre

Municipal
Engagement

Training for New Tasks

Communicable Disease
Team

IT Team

**Teamwork &
Commitment**

Leadership

Safety

Results

1. Alternative Work Arrangements
2. Safety & Sanitation
3. Training & Support
4. Internal Communications



Alternative Work Arrangements

- A **balanced reaction** to the rapidly shifting personal needs of staff that resulted from the pandemic, operational requirements, and availability of IT assets
- **Continued support for working from home** based on operational functions during the pandemic response is needed

Improvements

- Remote work policy and procedure completed
- Investment in equipment for all staff to work from home (with exception of building maintenance)

Safety & Sanitation

- Cleanliness and physical distancing were **positively received** by staff
- **Standardization and communication** of cleaning practices can be improved
- **Guidance on the use of PPE** is required across the organization

Improvements

- Review of workspace physical layouts and reception redesign
- Improved cleaning practices, signage and access to hand sanitizer and disinfectant
- Implementation of daily active screening and mandatory masking

Training & Support

- The decisions were made swiftly in reaction to the rapid progression of the COVID-19 pandemic.
- A strategy that clarifies roles and responsibilities efficiently mobilize human resources as the pandemic evolves is required.

Improvements

- Pandemic Response Plan (Wave 2) developed and communicated with staff in September 2020.
- Ongoing real-time evaluation to adapt to the evolving situation into Wave 3

Internal Communications

- Consistent and current internal communication is an overarching area for improvement.

Improvements

- COVID-19 Daily Update
- Internal monitoring dashboards
- Weekly One Voice newsletter
- Regular messages from the MOH on critical issues

Communications

- How is the Information Line being used to provide COVID-19 related information to the public?
- What type of information is provided?
- How can the Information Line be improved to enhance public information needs?



- Identified bottlenecks and redundancies in client intake process through the COVID-19 Information Line

Improvements

- Revised the telephone customer intake process (ongoing)
- Prioritized calls related to case and contact management and vaccination
- Enhanced website-based inquiry and complaint forms



Case & Contact Management

How can we continuously adapt to changing circumstances to ensure efficient and effective case and contact management?

Case & Contact Management

- Staff demonstrated resilience to a constantly changing environment
- Staff needed a clear process to adapt to frequent changes to provincial guidance

Improvements

- Enhanced surge capacity planning
- Regular, formal and informal training
- Enhanced management of school cases
- Automation of communications
- Strengthened partnerships (e.g. Schools, Paramedic Services)

COVID-19 Vaccine Roll Out

- Are vaccines being disseminated to priority group within identified timelines, based on vaccine availability?



COVID-19 Vaccine Roll Out

- Is there equitable and ethical access to the vaccination clinics?



Vaccine Roll Out

Improvements

- Phase 1 priority group catch-up clinics
- Pop-up clinics for marginalized groups
- Implementation and prioritization priority groups on standby list
- Plan to monitor 12 to 17 year old rollout to address gaps following student mass-immunization clinics
- Strengthened partnerships (e.g. Family Health Teams, Paramedic Services, Municipalities, Loyalist College, etc.)



School Partnerships

What are the perceptions of school board COVID-19 leads, school board communications officers and school administrators of the supports provided by HPEPH throughout the 2020-21 school year?

- COVID-19
- Health promotion resources (school admin and staff only)
- Clinical services in secondary schools (school admin/staff only)



Email Received from Colonel Ryan Deming, CFB Trenton on April 17, 2021

Eric / Bill / Doug (and HPEPH Board/teams),

I wanted to send a quick informal note to the three of you to thank you for your exceptional leadership, dedication and professionalism as we continue to fight against this pandemic and the proliferation of the variants of concern.

You and your teams are performing exceptional work and have been for over a year. While the pressure upon your teams has been unrelenting, please know that your actions don't go unnoticed by our proud members in uniform and those serving on the Base and Wing. You epitomize a creed we hold as a fundamental to our organization – service before self.

On behalf of all the members of 8 Wing / CFB Trenton, thank you for your sacrifices in keeping our communities healthy and safe during the pandemic. I am both proud and humbled to live in a community with such devoted personnel – you are making a difference.

Very Respectfully,

Ryan

Colonel Ryan Deming, OMM, CD

Wing Commander, 8 Wing Trenton
Royal Canadian Air Force

Commandant, 8e Escadre Trenton
Aviation Royal Canadien



Premier of Ontario
Premier ministre
de l'Ontario

Legislative Building
Queen's Park
Toronto, Ontario
M7A 1A1

Édifice de l'Assemblée législative
Queen's Park
Toronto (Ontario)
M7A 1A1

To whom it may concern:

I am writing today seeking your input on the possible safe return to schools before the end of this academic year. No one wants to see our schools reopen safely more than I do. Our government understands the benefits of having children learning in class. At the same time, our top priority is to ensure any decision we make on school reopening is based on sound scientific advice, consensus and considers potential or future risks faced by students and staff.

In recent weeks, there has been a wide range of advice and commentary around the reopening of schools in Ontario. There is consensus in some quarters on how, when and whether schools should reopen, and diverse and conflicting views in others. Keeping children safe is our foremost consideration, which is why as experts in health, public health and education we are seeking your perspective.

Thanks to the hard work of Ontarians across the province, public health indicators are moving in the right direction. Last week, our government, in consultation with our Chief Medical Officer of Health, released our three step Roadmap to Reopen. While we look forward to gradually reopening the province, we all must remain vigilant.

We know the mental health, academic and other challenges some students have faced with at-home learning, particularly those from low-income, racialized and high needs neighbourhoods. Those same neighbourhoods are often in COVID hotspots, and we know that school cases are amplified by what is happening in the community. The difficult decision to close schools is not far behind us and just prior to that, in April, schools were the sources of more outbreaks than workplaces or any other location. That is why we want to take a gradual approach to returning.

Ontario is not an island. Keeping our students and school staff, and their families, safe in a global pandemic must include global considerations, especially the impact of new, more dangerous variants that have now entered our communities through Canada's borders.

Recent modelling presented by the Science Table suggested that should Ontario reopen schools to in-class learning we could see an increase of six to 11 per cent in the number of new daily cases.¹ We are expecting new modelling this week that puts the range of new cases associated with school reopening between 2,000 to 4,000 cases by the end of July. This is concerning. At the same time we know other jurisdictions are seeing a rapid increase in new, more dangerous variants that are more contagious, make people and children in particular sicker, are potentially more deadly and are more resistant to vaccines.

¹ <https://covid19-sciencetable.ca/sciencebrief/update-on-covid-19-projections-8/>



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Premier ministre
de l'Ontario

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 Toronto, Ontario
 M7A 1A1

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A recent study from Public Health England by the U.K. government indicated a single dose of either the Pfizer or AstraZeneca vaccine was just 33% effective against the COVID-19 variant first identified in India. The study found “one dose offered 33 per cent protection against symptomatic infection from B.1.617.2, and 51 per cent against B.1.1.7. This suggests a single shot offers 35 per cent less protection against B.1.617.2 compared with B.1.1.7, according to Financial Times analysis.”² Other jurisdictions - including Singapore - have recently closed in person learning as a direct result of that variant.³ That variant is also on the rise in Ontario.

What makes all this new information concerning is that according to the most recent data in the provincial COVAX system, which tracks who gets vaccinated in Ontario and when, only 41 per cent of teachers and education workers are vaccinated compared to 62 per cent of the general adult population in Ontario.

Vaccines remain our best defence against COVID-19. To date, Ontario has successfully administered more than 8,530,000 doses. As of May 23, 2021, Ontarians aged 12 and up are now eligible to book a vaccine through the provincial booking system. We are getting doses into arms as quickly as possible, but due to lack of sufficient supply, children may not be vaccinated before a return to school in June.

As Premier, my priority throughout the COVID-19 pandemic has always been to protect the health and safety of Ontarians. We need now to ensure there is broad consensus from our medical, public health, and education experts that returning to school is the right thing to do. I've always said we have the best minds in the world right here in Ontario and that together we make the best decisions.

Ultimately, this is our government's decision, but in light of the foregoing, and the diversity of perspectives on the safety of reopening schools, I am asking for your views on a number of issues.

To help guide any decisions regarding schools, and ensure any decision on reopening in-class learning protects students and staff, I am asking for your perspective on the following questions that have been raised as concerns to our government:

1. Is the reopening of schools for in person learning safe for students?
2. Is the reopening of schools for in person learning safe for teachers and all education staff?

² <https://www.ft.com/content/a70d423a-7d7c-4736-8828-0a485d7c3a8e>

³ <https://www.reuters.com/world/asia-pacific/singapore-warns-children-susceptible-virus-variants-shuts-schools-2021-05-17/>



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3. There are a growing number of cases in Ontario of the variant first identified in India (B.1.617). Does this mutation pose an increased risk to students and education workers?
4. The modelling from the Ontario Science Table has suggested that reopening schools will lead to an increase in cases in the province of Ontario, is this acceptable and safe?
5. Other countries are warning mutations including the B.1.617 variant⁴⁵ are putting children at much greater risk and are shutting schools down. Is this concern not shared by medical experts in Ontario?
6. Should teachers be fully vaccinated before resuming in class lessons and if not, is one dose sufficient?
7. Under Ontario's reopening plan, indoor gatherings won't commence until July. Should indoor school instruction resume before then?

I ask you to provide your responses to the specific question no later than 5:00 p.m. on Friday, May 28, 2021.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Doug Ford'.

Doug Ford
Premier of Ontario

CC:

Ontario Medical Association
SickKids Hospital
Children's Hospital of Eastern Ontario (CHEO)
London Health Sciences
McMaster Children's Hospital
Holland Bloorview Kids Rehabilitation Hospital
Empowered Kids Ontario
Children's Mental Health Ontario

⁴ abc.net.au/news/2021-05-17/singapore-warns-children-susceptible-to-covid-indian-variant/100144908

⁵ <https://www.straitstimes.com/asia/south-asia/india-deals-with-fears-about-a-third-covid-19-wave-affecting-kids>



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Canadian Paediatric Society
 Pediatricians Alliance of Ontario
 University Health Network
 Science Advisory Table
 Dr David Williams, Chief Medical Officer of Health
 The District of Algoma Health Unit, Dr. Jennifer Loo
 Brant County Health Unit, Dr. Elizabeth Urbantke
 Chatham-Kent Health Unit, Dr. David Colby
 Durham Regional Health Unit, Dr. Robert Kyle
 Eastern Ontario Health Unit, Dr. Paul Roumeliotis
 Grey Bruce Health Unit, Dr. Ian Arra
 Haldimand-Norfolk Health Unit, Dr. Shanker Nesathurai
 Haliburton, Kawartha, Pine Ridge District Health Unit, Dr. Natalie Bocking
 Halton Region Health, Department Dr. Hamidah Meghani
 City of Hamilton, Public Health Services, Dr. Elizabeth Richardson
 Hastings & Prince Edward Counties Health Unit, Dr. Piotr Oglaza
 Huron Perth Health Unit, Dr. Miriam Klassen
 Kingston, Frontenac and Lennox & Addington Health Unit, Dr. Kieran Moore
 Lambton Health Unit, Dr. Sudit Ranade
 Leeds, Grenville & Lanark District Health Unit, Dr. Paula Stewart Middlesex-London Health Unit,
 Dr. Christopher Mackie
 Niagara Region Public Health Department, Dr. Mustafa Hirji
 North Bay Parry Sound District Health Unit, Dr. Jim Chirico
 Northwestern Health Unit, Dr. Kit Young Hoon
 Ottawa Public Health, Dr. Vera Etches
 Oxford Elgin St. Thomas Health Unit, Dr. Joyce Lock
 Peel Public Health, Dr. Lawrence Loh
 Peterborough County-City Health Unit, Dr. Rosana Salvaterra
 Porcupine Health Unit, Dr. Lianne Catton
 Renfrew County & District Health Unit, Dr. Robert Cushman
 Simcoe Muskoka District Health Unit, Dr. Charles Gardner
 Sudbury and District Health Unit, Dr. Penny Sutcliffe
 Thunder Bay District Health Unit, Dr. Janet DeMille
 Timiskaming Health Unit, Dr. Glenn Corneil
 City of Toronto Health Unit, Dr. Eileen de Villa
 Region of Waterloo, Public Health, Dr. Hsiu-Li Wang
 Wellington-Dufferin-Guelph Health Unit, Dr. Nicola Mercer
 Windsor-Essex County Health Unit, Dr. Wajid Ahmed
 York Region Public Health, Dr. Karim Kurji
 Association des enseignantes et des enseignants franco-ontariens



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Elementary Teachers' Federation of Ontario
Ontario English Catholic Teachers Association
Ontario Secondary School Teachers Federation
Canadian Union of Public Employees – Ontario
Education Workers' Alliance of Ontario
Ontario Council of Educational Workers

28 May 2021

Dear Premier Ford,

Thank you for your request for advice. We believe you are asking the simple question of whether schools should re-open or not. We have met to consider as much of the scientific evidence that we can. This letter offers you our best advice. We recognize that the ultimate decisions rest with the government, which must weigh the risks and benefits of challenging decisions during a pandemic. Thank you for your leadership during these very challenging times.

A clear principle. We would like to start our advice with a simple principle that our organizations have stated repeatedly: *Schools should be the last sector to close and the first sector to reopen.* Schools play a unique role in our society and should not be grouped together with other sectors when considering re-opening plans. School is the essential work of Ontario's children.

School closures create significant harms. While the pandemic was surging, school closures were a necessary step to control that surge. However, school closures create harm. Surveys show a substantial deterioration of mental health status among children and youth during the pandemic. This deterioration is now evident in the form of increased ambulatory care use and hospital admissions, most poignantly for children and youth with eating disorders. We believe these mental health indicators represent the tip of the iceberg and that children and youth mental health will present significant long-term challenges during our recovery from the pandemic. School closures also create ripple effects for both children and their families as the social and economic benefits of education go unrealized. These include losses of skills development, losses in lifetime earnings for Ontarians, losses of social connections and, for some Ontarians, even missing meals and other critical health services. Like so much of the pandemic, these harms and missed benefits are inequitable: Those whom the pandemic is hitting hardest are also hardest hit by school closures.

Low short-term impact. Science Table modelling suggests that the total increase in cases that would result from re-opening schools is small. Most public health units believe that they can mitigate and manage those increases in their communities.

Reopen schools regionally and manage the risks. Schools can re-open safely on a regional basis, on the advice of the Chief Medical Officer of Health, the local Medical Officers of Health, School Districts and health system partners. Schools that re-open should maintain their public health measures vigorously and build on the strategies they have already deployed to limit spread. Parents will also play an important role in limiting spread by recognizing that a school re-opening does not signify any other changes to the Stay-at-Home order, as long as it remains in place. In making this recommendation, we assume that the province's re-opening framework will continue as announced, and that other sectors will stay closed until the re-opening framework opens them.

Even as we re-open schools, we must do all that we can to reduce the transmission of the virus outside of schools. **The B.1.617.2 variant of concern presents a significant unknown.** To address that uncertainty, Ontario should ensure access to first doses for all eligible Ontarians and accelerate second doses for those most vulnerable to COVID, while keeping other sectors closed until they are re-opened by the framework. We must keep case numbers low enough during the next three months to ensure a return to consistent, in-person schooling in September.

Look to the long-term One month of in-person schooling will allow schools to re-establish contact with students. But that's not enough. The summer will provide an ideal time to make the whole school system even safer by continuing to improve ventilation in school buildings and by vaccinating students. Moreover, Ontario should now start developing recovery plans to address the long-term mental health, health and educational problems arising from COVID-19 - related school closures. This will require investments.

We recognize that you face a challenging decision and – as you noted in your letter – that the safety and health of Ontarians are your paramount interests. We believe that Ontario can re-open schools safely on a regional basis to mitigate the significant short and long-term harms arising from school closures, while managing the risk of virus transmission in this sector.

Ontario COVID-19 Science Advisory Table	Children's Hospital of Eastern Ontario-Ottawa Children's Treatment Centre
The Hospital for Sick Children	Children's Mental Health Ontario
McMaster Children's Hospital	Holland Bloorview Kids Rehabilitation Hospital
Children's Hospital – LHSC	Ontario Medical Association
Empowered Kids Ontario	Pediatricians Alliance of Ontario
Council of Ontario Medical Officers of Health (on behalf of all Medical Officers of Health)	



Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1
T: 613-966-5500 | 1-800-267-2803 | **F:** 613-966-9418
TTY: 711 or 1-800-267-6511
hpePublicHealth.ca

May 31, 2021

Honourable Premier Doug Ford
 Legislative Building, Room 281
 Queen's Park
 Toronto, ON M7A 1A1

Via email: premier@ontario.ca

Dear Premier Ford:

Re: Reopening of Schools

On behalf of Hastings Prince Edward Public Health, I would like to thank you for the opportunity to provide input on the reopening of schools in our region. While the Council of Ontario Medical Officers of Health (COMOH) has replied on behalf of all health units, I would like to express my complete agreement with the comments found therein.

As noted in the main letter, some basic principles we endorse regarding schools are:

- Schools should be the last sector to close and the first to reopen;
- School closures create significant harms;
- The number of cases that would result from reopening schools is low; in our region there have been no school-based cases;
- Reopen schools on a regional basis and manage the risks.

In closing, I fully endorse the letter sent to you by COMOH dated May 28, 2021 and am in favour of the reopening of schools in our region.

Sincerely,

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

cc Jo-Anne Albert, HPE Board of Health Chair
 Todd Smith, MPP Bay of Quinte
 Daryl Kramp, MPP Hastings-Lennox and Addington
 Sean Monteith, Director of Education, Hastings Prince Edward District School Board
 David DeSantis, Director of Education, Algonquin and Lakeshore Catholic District School Board

North Hastings

1P Manor Ln., L1-024, Bancroft, ON K0L 1C0
T: 1-800-267-2803 | **F:** 613-332-5418

Prince Edward County

Suite 1, 35 Bridge St., Picton, ON K0K 2T0
T: 613-966-5500 | **F:** 613-476-2919

Quinte West

499 Dundas St. W., Trenton, ON K8V 6C4
T: 613-966-5500 | **F:** 613-965-6535

**Listing of Information Items
Board of Health Meeting – June 2, 2021**

1. Peterborough Public Health – Letter to Premier Doug Ford re priorities for provincial leadership dated May 14, 2021
2. COMO and Sick Kids – Letter to Minister Stephen Lecce re Return to School dated May 20, 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.