



BOARD OF HEALTH MEETING

Wednesday, December 1, 2021
9:30 a.m. - 11:30 a.m.
Virtual - ZOOM

PLEASE NOTE:
There will be a Closed Session at the
beginning of the 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, December 1, 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. **CLOSED SESSION**

THAT the Board of Health convene in closed session for the purpose of a discussion of *personal matters about an identifiable individual, including municipal or local board employees*, as it relates to Section 239 (2) (b) of the Municipal Act.

6. **MOTIONS ARISING FROM CLOSED SESSION**

7. **APPROVAL OF THE MINUTES OF THE PREVIOUS BOARD MEETING**

7.1 Meeting Minutes of Wednesday, October 6, 2021

[Schedule 7.1](#)

8. **BUSINESS ARISING FROM THE MINUTES**

9. **DEPUTATIONS** - None

10. **COMMITTEE REPORTS**

10.1 Finance Committee – Terry

[Schedule 10.1](#)

10.2 Governance Committee – Jan

[Schedule 10.2](#)

11. **REPORT OF THE MEDICAL OFFICER OF HEALTH**

12. **STAFF REPORTS**

12.1 Land Acknowledgement - Victoria Law, Public Health Nurse

[Schedule 12.1](#)

12.2 Enforcement Report, Roberto Almeida, Program Manager

[Schedule 12.2](#)

13. **CORRESPONDENCE AND COMMUNICATIONS**

14. **NEW BUSINESS**

14.1 Proposed 2022 Board of Health Meeting Schedule

[Schedule 14.1](#)

15. **INFORMATION ITEMS** (Available for viewing online at hpePublicHealth.ca) [Schedule 15.0](#)

16. **DATE OF NEXT MEETING** – Wednesday, February 2, 2022 at 9:30 a.m. (Tentative)

17. **ADJOURNMENT**



BOARD OF HEALTH MEETING MINUTES
Wednesday, October 6, 2021
Hastings Prince Edward Public Health (HPEPH)
Virtual Via ZOOM

Present: 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

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 Community Programs
Dr. Ethan Toumishey, Acting Medical Officer of Health
Ms. Catherine Lovell, Executive Assistant

1. CALL TO ORDER

Chair Albert called the meeting to order at 9:34 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: Craig

THAT the agenda for the Board of Health (Board) meeting on Wednesday, October 6, 2021 be approved as circulated.

CARRIED

5. CLOSED SESSION

MOTION:

Moved by: Terry
Seconded by: Jan

THAT the Board of Health convene in closed session for the purpose of a discussion of information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them as it relates to Section 239 (2) (h) of the Municipal Act.

CARRIED

6. MOTIONS ARISING FROM CLOSED SESSION

MOTION:

Moved by: Terry
Seconded by: Jan

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

CARRIED

7. APPROVAL OF MINUTES OF PREVIOUS BOARD MEETING – September 1, 2021

MOTION:

Moved by: Jan
Seconded by: Stewart

THAT the minutes of the regular meeting of the Board held on September 1, 2021 be approved as circulated.

CARRIED

8. BUSINESS ARISING FROM MINUTES - None

9. DEPUTATIONS - None

10. COMMITTEE REPORTS - None

11. REPORT OF THE MEDICAL OFFICER OF HEALTH

Drs. Oglaza and Toumishey gave updates on local COVID-19 cases and vaccinations, making note of a few key points.

- ♦ The data has made it clear COVID-19 infections in fully vaccinated individuals can occur but is much more prevalent in those who are unvaccinated.
- ♦ Continue to see good vaccine uptake with approximately 1,000 administered each week.
- ♦ We continue to follow up on complaints related to vaccine passport requirements using a progressive enforcement approach → education, warnings, and finally laying charges.

- ♦ To address a gap in provincial requirements a Letter of Instruction was issued for Hastings and Prince Edward Counties on October 4 requiring all owners, operators and individuals responsible for indoor facilities that host organized sports confirm proof of vaccination for all coaches, officials and volunteers aged 12 and older.
- ♦ Dr. Oglaza finished with saying it has been an honour to be the Medical Officer of Health at HPEPH and looks forward to continuing to work with everyone here in the future.
- ♦ Dr. Toumishey discussed a bit about pandemic recovery planning noting how challenging this can be considering the unknown strength and timing of the pandemic. Discussion followed.

MOTION:

Moved by: Stewart

Seconded by: Terry

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

CARRIED

At this point in the meeting Chair Albert said farewell to Dr. Oglaza on behalf of herself and the Board and then introduced Warden Rick Phillips of Hastings County to say a few words.

12. STAFF REPORTS - None**13. CORRESPONDENCE AND COMMUNICATIONS** - None**14. NEW BUSINESS** – None**15. 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: Garnet

Seconded by: Craig

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

CARRIED

16. DATE OF NEXT MEETING – Wednesday, December 1, 2021**17. ADJOURNMENT****MOTION:**

Moved by: Stewart

Seconded by: Terry

THAT this meeting of the Board be adjourned at 11:05 a.m.

CARRIED

Jo-Anne Albert, Chair

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. Ethan Toumishey, Acting Medical Officer of Health |
| Date: | Wednesday, November 24, 2021 |
| Subject: | 2022 Budget |
| Nature of Board Engagement | <input type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | Board of Health to review and approve 2022 Budget. |
| Background: | <p>Over the past several months, HPEPH has continued to work on our COVID-19 response and start planning for recovery of programs and services. Our message has been consistent that we will not be able to continue all services with the level of base funding currently received. In August, we provided broad assumptions for the 2022 budget and advised the Board that there would be a significant deficit balance. It was agreed that the Board would support up to a 1.5% increase in municipal levies and would allocate up to \$300,000 from municipal reserves to offset expenses in the 2022 budget. These approvals are reflected in the proposed budget figures.</p> <p>In addition to base expenditures, the attached budget also includes anticipated revenues and expenses for COVID-19 extraordinary expenses. The amounts are very similar to 2021 and cover staffing costs that are above and beyond the base budget for COVID-19 vaccine rollout and case and contact management.</p> <p>The budget package is the culmination of a lot of planning and input from Managers related to recovery, continued COVID-19 responses and the related level of staffing that is required. The final amount for COVID-19 extraordinary expenses will be based on actual expenses which will reflect continued case counts and vaccine rollout efforts during the 2022 fiscal year. Similar to 2021, reports will be sent to the Ministry on a regular basis to request reimbursement for these costs. The Executive Summary in the budget package provides highlights of the budget presented. In addition, explanatory notes are provided to provide details on revenues and expenses and explain significant variances.</p> |



HASTINGS PRINCE EDWARD
Public Health

2022 BUDGET PACKAGE

For Board Approval December 1, 2021

2022 BUDGET- Executive Summary
For Board Approval December 1, 2021

As plans for the 2022 budget evolved, several factors were considered that greatly influenced the approach and finalization of the budget presentation.

Strategic Directions - In October 2021, strategic directions for a Recovery Plan for HPEPH were endorsed by the Board of Health. Key directions included the recovery, rebuilding and re-imagining of public health programs, the optimal use of human and financial resources and developing a comprehensive information technology and communications strategy.

Recovery of Services - The budget presented assumes a gradual recovery of most programs during the 2022 fiscal year focusing on priority services identified by the Ministry, critical operations such as inspections and imminent health threats, and the reopening of established programs with particular focus on equity and priority populations. In some cases, services may continue to be adapted to a virtual format for efficiency and to ensure health and safety during the continued uncertainty of the pandemic.

COVID-19 – The pandemic response will continue as a priority service area in 2022 with emphasis on case and contact management and an immunization program that will provide children, aged five to 11, with the COVID-19 vaccine as well as booster shots for specific populations. In addition, the "catch up" of outstanding immunizations for school-aged children and babies that were not completed in 2020 and 2021 will be a priority. These two key areas of the budget are presented as COVID-19 extraordinary costs with a total cost of approximately \$1.5 million. The Ministry of Health has confirmed continued support in 2022 for these expenses.

Key Revenue Highlights and Assumptions:

- Revenues from the provincial ministries and federal agencies are anticipated to be consistent with the level of funding received in 2021. It is important to note that mitigation funding from the Ministry of Health continues in 2022 in the amount of \$1.1 million.
- Contract funding for the eight school focused nurses that work in our Healthy Schools Program concludes on July 31, 2022. These nursing positions have been invaluable in meeting the COVID-19 demands in local schools.
- Funding for COVID-19 extraordinary costs in 2022 is anticipated to be \$1.5 million, which is similar to the level of expenses in 2021. Assumptions for this funding include the creation of a dedicated team to respond to COVID-19 cases throughout the year and provide case and contact management work. If cases escalate, recovery efforts will be decreased, and staff will be redeployed to COVID-19 activities. This funding will also include a team of nurses to provide the continued vaccine roll out for COVID-19 and do catch up immunizations throughout the community.
- Municipal levies will be increased by 1.5% for the 2022 fiscal year. In addition, the budget assumes a transfer from municipal reserves in the amount of \$300,000. These increases will ensure that staffing levels are maintained, and recovery plans can be implemented.

Key Expenditure Highlights and Assumptions:

- Significant staffing changes have been implemented in 2021 and redeployments will continue well into 2022 to address COVID-19 demands. A key driver in the development of this budget is to ensure a sufficient level of staffing for COVID response and ensure the availability of staff to gradually return to recovery efforts and regular service delivery. Although many changes have been made throughout the year, a net increase of three Full Time Equivalents (FTEs) has been included in this budget bringing the total staff complement to 148 FTEs. This is a 15 per cent increase since the beginning of 2020.
- The negotiated economic increase of 1.5 per cent is built into salary costs
- Overtime and standby costs are projected to be considerably less than in 2021, which will result in lower staffing costs than what was incurred in 2021.
- Employee benefits have increased due to the total number of FTEs and ongoing maternity leave costs. Increases were offset by an overall reduction in group benefit costs by 7.6 per cent.
- Staff training has been increased significantly to provide a comprehensive leadership development course to management and invest in the professional development of staff as we return to traditional public health services. Many staff have been hired since 2020 and have never worked in their home position.
- Capital expenditures represents planned investments in IT equipment that will be leased over a period of time.
- Variances in discretionary costs reflect the differences between programming in 2021 that was primarily vaccine rollout versus 2022 that will offer a broader spectrum of services delivered.
- The transfer to capital/operating funds represents the annual transfer of funds to the building reserve for future maintenance and development.

Throughout 2022, we will continue to work closely with the Board of Health to implement our recovery plan, address COVID-19 demands and plan proactively for future budgets.

HASTINGS PRINCE EDWARD PUBLIC HEALTH
2021 Actuals & 2022 Proposed BUDGET
For Board Approval on December 1, 2021

| | 2021 Forecast Actuals | 2021 Board of Health Approved Budget | 2021 Variance Budget vs Actual | 2022 Proposed Budget | Variance (2022 Proposed Budget vs 2021 Approved Budget) | % Variance |
|---|-----------------------------|--|---|----------------------------|---|-------------|
| REVENUES | | | | | | |
| 1 Ministry of Health | | | | | | |
| a) Mandatory Programs - Cost shared | 9,204,700 | 9,204,700 | - | 9,204,700 | - | 0% |
| b) 100% Programs - Seniors Dental Program | 931,300 | 931,300 | - | 931,300 | - | 0% |
| c) Annual Grants and one-time grants | 937,527 | 701,500 | 236,027 | 623,400 | (78,100) | -11% |
| d) Mitigation Funding | 1,120,000 | 1,120,000 | - | 1,120,000 | - | 0% |
| e) COVID-19 Extraordinary Funding | 1,594,000 | 1,560,000 | 34,000 | 1,520,000 | (40,000) | -3% |
| 2 Municipal Levy | 3,439,788 | 3,439,788 | - | 3,491,385 | 51,597 | 1.5% |
| Ministry of Children, Community & Social | | | | | | |
| 3 Services | 1,179,801 | 1,160,543 | 19,258 | 1,160,543 | - | 0% |
| 4 Public Health Agency of Canada | 107,510 | 89,988 | 17,522 | 89,988 | - | 0% |
| 5 Health Canada | 53,667 | 39,000 | 14,667 | 39,000 | - | 0% |
| 6 Expenditure Recoveries | 32,299 | 98,000 | (65,701) | 138,700 | 40,700 | 42% |
| 7 Transfer from Municipal Reserves | | 237,181 | (237,181) | 300,000 | 62,819 | 0% |
| TOTAL REVENUES | 18,600,591 | 18,582,000 | 18,591 | 18,619,016 | 37,016 | 0.2% |
| EXPENSES | | | | | | |
| 1 Salaries & Wages | 12,019,670 | 12,078,000 | (58,330) | 11,895,016 | (182,984) | -1.5% |
| 2 Employee Benefits | 2,970,489 | 3,100,000 | (129,511) | 3,210,000 | 110,000 | 3.5% |
| 3 Staff Training | 54,412 | 120,000 | (65,588) | 159,000 | 39,000 | 32.5% |
| 4 Travel Expenses | 129,431 | 214,000 | (84,569) | 178,000 | (36,000) | -16.8% |
| 5 Building Occupancy | 1,063,846 | 1,008,000 | 55,846 | 1,041,000 | 33,000 | 3.3% |
| 6 Office Expenses, Printing, Postage | 45,483 | 105,000 | (59,517) | 75,000 | (30,000) | -28.6% |
| 7 Program Materials, Supplies | 480,611 | 801,000 | (320,389) | 442,000 | (359,000) | -44.8% |
| 8 Professional & Purchased Services | 819,281 | 630,000 | 189,281 | 771,000 | 141,000 | 22.4% |
| 9 Communication Costs | 148,884 | 142,000 | 6,884 | 139,000 | (3,000) | -2.1% |
| 10 Information Technology | 481,284 | 384,000 | 97,284 | 374,000 | (10,000) | -2.6% |
| 11 Capital Expenditures | - | - | - | 75,000 | 75,000 | |
| 12 Transfer to Capital/Operating Funds | 260,000 | - | 260,000 | 260,000 | 260,000 | |
| TOTAL EXPENSES | 18,473,391 | 18,582,000 | (108,609) | 18,619,016 | 37,016 | 0.2% |
| SURPLUS/DEFICIT | 127,200 | - | 127,200 | (0) | (0) | |
| ANALYSIS OF SURPLUS BALANCE | | | | | | |
| MCCS Programs Deferrals to March | 76,000 | | | | | |
| Federal Programs Deferrals to March | 51,200 | | | | | |
| | <u>127,200</u> | | | | | |

HASTINGS PRINCE EDWARD PUBLIC HEALTH

Budgeted Revenues - For the period January 1, 2022 to December 31, 2022

For Board Approval December 1, 2021

| Revenue Source | Ministry of Health | | TOTAL Ministry of Health Programs | Other Grants & Contracts | | | TOTAL Other Grants & Contracts | Consolidated Budget |
|---|-----------------------|--------------------------------|---|--------------------------|---------------------------------------|----------------|--------------------------------------|------------------------|
| | Mandatory Programs | 100% Seniors Dental Program | | Ministry of Health | Healthy Babies Healthy Children | Federal Grants | | |
| PROVINCIAL & MUNICIPAL FUNDING | | | | | | | | |
| Ministry of Health | | | | | | | | |
| Mandatory and 100% Programs | 9,204,700 | 931,300 | 10,136,000 | | | | - | 10,136,000 |
| Annual and one time grants | | | - | 623,400 | | | 623,400 | 623,400 |
| Mitigation Funding | 1,120,000 | | 1,120,000 | | | | - | 1,120,000 |
| COVID-19 Extraordinary Funding | 1,520,000 | | 1,520,000 | | | | | 1,520,000 |
| Municipal Levy | 3,491,385 | | 3,491,385 | | | | - | 3,491,385 |
| Transfer from Municipal Reserves | 300,000 | | 300,000 | | | | - | 300,000 |
| Ministry of Children, Community & Social Services | | | | | 1,160,543 | | 1,160,543 | 1,160,543 |
| TOTAL PROVINCIAL & MUNICIPAL GRANTS | 15,636,085 | 931,300 | 16,567,385 | 623,400 | 1,160,543 | - | 1,783,943 | 18,351,328 |
| FEDERAL FUNDING | | | | | | | | |
| Public Health Agency of Canada | | | | | | 89,988 | 89,988 | 89,988 |
| Health Canada | | | | | | 39,000 | 39,000 | 39,000 |
| EXPENDITURE RECOVERIES | | | | | | | | |
| Nicotine Replacement Therapy Sales | 14,000 | | 14,000 | | | | | 14,000 |
| Contraceptive Sales | 3,000 | | 3,000 | | | | - | 3,000 |
| OHIP Payments | - | | - | | | | - | - |
| Food Handler Course Registrations | 16,000 | | 16,000 | | | | - | 16,000 |
| Shingrix Vaccine | 10,200 | | 10,200 | | | | - | 10,200 |
| Travel Vaccines | - | | - | | | | - | - |
| Menactra Vaccine | 32,000 | | 32,000 | | | | - | 32,000 |
| Human Papilloma Virus (HPV) Vaccine | 25,000 | | 25,000 | | | | - | 25,000 |
| Flu Vaccine | 8,500 | | 8,500 | | | | - | 8,500 |
| Seniors Dental Program - Denture Recoveries | 4,000 | | 4,000 | | | | - | 4,000 |
| Interest/Other | 26,000 | | 26,000 | | | | - | 26,000 |
| | 138,700 | - | 138,700 | - | - | 128,988 | 128,988 | 267,688 |
| TOTAL REVENUES | 15,774,785 | 931,300 | 16,706,085 | 623,400 | 1,160,543 | 128,988 | 1,912,931 | 18,619,016 |

HASTINGS PRINCE EDWARD PUBLIC HEALTH
2022 BUDGET - Explanatory Notes and Variance Analysis - REVENUES
For Board Approval December 1, 2021

| | Approved Budget 2021 | Budget 2022 | Variance 2022 vs 2021 |
|--|----------------------------|----------------------|--------------------------|
| 1. MINISTRY OF HEALTH | | | |
| a) <u>Mandatory Programs - Cost shared</u> | \$ 9,204,700 | \$ 9,204,700 | \$ - |
| <p>The Ministry of Health issues an accountability agreement each year outlining the terms of transfer payments to public health. Programs covered through cost shared funding include the following program areas:</p> | | | |
| Foundational Standards | | | |
| Population Health Assessment | | | |
| Health Equity | | | |
| Effective Public Health Practice | | | |
| Emergency Management | | | |
| Program Standards | | | |
| Chronic Disease Prevention and Well-being | | | |
| Food Safety | | | |
| Healthy Environments | | | |
| Healthy Growth and Development | | | |
| Immunization | | | |
| Infectious and Communicable Diseases Prevention and Control | | | |
| Safe Water | | | |
| School Health | | | |
| Substance Use and Injury Prevention | | | |
| b) <u>100% Programs - Seniors Dental Program</u> | 931,300 | 931,300 | - |
| Total Ministry of Health Accountability Agreement | \$ 10,136,000 | \$ 10,136,000 | \$ - |
| c) <u>Annual Grants and one-time grants</u> | | | |
| <p><i>A Compensation Grant is provided on an annual basis to offset the total compensation of the MOH. Funding will be requested for one student to complete their PHI Practicum at HPEPH over the summer of 2022. The School-Focused Nurses Initiative grant will end on July 31, 2022.</i></p> | | | |
| <i>MOH Compensation Grant</i> | 135,500 | 149,400 | 13,900 |
| <i>Public Health Inspector Practicum Student</i> | 10,000 | 10,000 | - |
| <i>COVID-19 School-Focused Nurses Initiative</i> | 556,000 | 464,000 | (92,000) |
| Total Annual and one-time funding Ministry of Health Grants | 701,500 | 623,400 | (78,100) |
| d) Mitigation Funding | 1,120,000 | 1,120,000 | - |
| <p><i>One time funding to offset the increased costs of municipalities as a result of the 70% (provincial) and 30% (municipal) cost-sharing change for mandatory programs.</i></p> | | | |
| e) COVID-19 Extraordinary Funding | 1,560,000 | 1,520,000 | (40,000) |
| <p><i>One-time funding to offset extraordinary costs associated with COVID-10 Case and Contact Management and the vaccine roll-out.</i></p> | | | |

2. MUNICIPAL LEVY

Municipal levies have been increased in the 2022 budget by 1.5%. This is in accordance with discussions in the September 2021 Board of Health meeting.

| | | | |
|----------------------|------------------|------------------|---------------|
| City of Belleville | 1,072,895 | 1,088,988 | 16,093 |
| City of Quinte West | 922,159 | 935,991 | 13,832 |
| Hastings County | 883,300 | 896,550 | 13,249 |
| Prince Edward County | 561,434 | 569,856 | 8,422 |
| | <u>3,439,788</u> | <u>3,491,385</u> | <u>51,597</u> |

3. MINISTRY OF CHILDREN, COMMUNITY & SOCIAL SERVICES

MCCSS funds the Healthy Babies, Healthy Children program; no increase is anticipated for this contract. The HBHC contract is based on a March 31st fiscal year. Forecast actuals include the carry forward of funds at December 2020.

| | | |
|-----------|-----------|---|
| 1,160,543 | 1,160,543 | - |
|-----------|-----------|---|

4. PUBLIC HEALTH AGENCY OF CANADA (PHAC)

PHAC funds the Canada Prenatal Nutrition Program (CPNP); no increase is anticipated for this contract. This program has a March 31st fiscal year. Forecast actuals include the carry forward of funds at December 2020. This contribution assists in meeting the Ontario Public Health Standards for vulnerable populations.

| | | |
|--------|--------|---|
| 89,988 | 89,988 | - |
|--------|--------|---|

5. HEALTH CANADA

Health Canada funds the Children's Oral Health Program (COHP); no increase is anticipated for this contract. The program has a March 31st fiscal year. Forecast actuals include the carry forward of funds at December 2020.

| | | |
|--------|--------|---|
| 39,000 | 39,000 | - |
|--------|--------|---|

6. EXPENDITURE RECOVERIES

Expenditure recoveries include OHIP reimbursements, vaccine recoveries, food handler course registrations, contraceptives, nicotine replacement therapy recoveries and interest earnings on transfer payments. Expenditure recoveries were significantly reduced in 2021 due to the cancellation of services. As programs resume in 2022, it is expected that recoveries will increase dramatically, most notably for HPV and Meningococcal vaccines due to the catch-up required in this area.

| | | |
|--------|---------|--------|
| 98,000 | 138,700 | 40,700 |
|--------|---------|--------|

7. TRANSFER FROM RESERVES

| | | |
|---------|---------|--------|
| 237,181 | 300,000 | 62,819 |
|---------|---------|--------|

TOTAL BUDGETED REVENUES

| | | |
|----------------------|----------------------|------------------|
| <u>\$ 18,582,000</u> | <u>\$ 18,619,016</u> | <u>\$ 37,016</u> |
|----------------------|----------------------|------------------|

HASTINGS PRINCE EDWARD PUBLIC HEALTH

Budgeted Expenses - For the period January 1, 2022 to December 31, 2022

For Board Approval December 1, 2021

| Expense Item | Ministry of Health | Other Grants & Contracts | | | TOTAL Other Grants & Contracts | Consolidated Budget |
|-------------------------------------|--|---|------------------------------------|----------------|--------------------------------------|------------------------|
| | Mandatory, Related and 100% Programs | Annual Grants and one-time grants | Healthy Babies Healthy Children | Federal Grants | | |
| Salaries & Wages | 10,431,989 | 562,543 | 819,841 | 80,643 | 1,463,027 | 11,895,016 |
| Employee Benefits | 2,900,337 | 60,857 | 227,202 | 21,605 | 309,664 | 3,210,000 |
| Staff Training | 152,400 | - | 5,000 | 1,600 | 6,600 | 159,000 |
| Travel Expenses | 148,000 | - | 22,000 | 8,000 | 30,000 | 178,000 |
| Building Occupancy | 996,000 | - | 45,000 | - | 45,000 | 1,041,000 |
| Office Expenses, Printing, Postage | 73,000 | - | 2,000 | - | 2,000 | 75,000 |
| Program Materials, Supplies | 419,860 | - | 5,000 | 17,140 | 22,140 | 442,000 |
| Professional & Purchased Services | 769,900 | - | 1,100 | - | 1,100 | 771,000 |
| Communication Costs | 128,000 | - | 11,000 | - | 11,000 | 139,000 |
| Information Technology | 351,600 | - | 22,400 | - | 22,400 | 374,000 |
| Capital Expenditures | 75,000 | - | - | - | - | 75,000 |
| Transfer to Capital/Operating Funds | 260,000 | - | - | - | - | 260,000 |
| TOTAL EXPENDITURES | 16,706,086 | 623,400 | 1,160,543 | 128,988 | 1,912,930 | 18,619,016 |

HASTINGS PRINCE EDWARD PUBLIC HEALTH
2022 BUDGET - Explanatory Notes and Variance Analysis - EXPENSES
For Board Approval December 1, 2021

1. STAFF SALARIES

During 2021, many staffing decisions were made to align our human resources with community and service needs. These decisions have greatly influenced the development of the 2022 staffing budget and include the creation of four permanent nursing positions in the Healthy Schools program, the creation of a dedicated COVID-19 response team, the redeployment of staff where required and the recruitment of many contract staff to address recovery and COVID demands.

For the budget year 2022, the total number of full-time equivalent positions has been increased by three positions including nursing, program assistant time and an epidemiologist. The budget includes many contract staff who have been hired to support the School Focused Nursing Program, case and contact management and vaccine clinics. The 2022 figures include the negotiated wage increase of 1.5 per cent for all staff.

Compared to the 2020 budget, the staff complement has increased from 130 to 148 full time equivalents (FTEs) in a two year period. In addition, the organization is using temporary staffing agencies to provide approximately four staff for vaccine clinics throughout the first half of 2022. This translates to an increase of over 15 per cent in the number of FTEs; the actual number of staff employed is higher as many of our contract staff are part time.

Salary costs in 2021 include significant overtime expenses resulting from evening and weekend work. This pattern of work is not anticipated to continue leading to lower salary costs in 2022.

2. EMPLOYEE BENEFITS

Employee benefits are higher in 2022 due to the increased number of staff positions and maternity leave costs. Fortunately, some of these increased costs were reduced by a rate reduction of 7.6 per cent for the cost of group benefits. Overall, benefits amount to 27 per cent of salaries. This includes statutory benefits (CPP, EI, EHT and WSIB), OMERS pension plan contributions, group health, dental and life insurance and a per cent in lieu for part-time and contract staff.

3. STAFF TRAINING

Staff were not able to participate in training during the 2021 year. The budget for 2022 reflects a strategic direction to invest significantly in the training and development of our staff. A comprehensive leadership and capacity building training course has been budgeted as well as significant increases in many program budgets for training given the large number of new staff.

4. TRAVEL EXPENSES

Travel expenses account for staff travel throughout Hastings and Prince Edward Counties to deliver services including the inspection of food and water premises, immunization and dental clinics in the community and home visits. Although services are planned to resume in 2022, the use of virtual services is predicted to decrease the overall cost of travel thus explaining the decreased budget in this area. A delay in receiving the Mobile Dental Clinics is also affecting the travel expense budget in 2022. During 2021, service reductions led to minimal travel.

5. BUILDING OCCUPANCY

Building occupancy expenses include the building loan, leases, maintenance costs, cleaning services and supplies for all locations of the organization. Increases to ongoing maintenance costs, including a significant repair to the generator in early 2022, explains the increase of \$33,000 in this budget. For 2021, costs were higher than budgeted due to rental fees for the storage of mass immunization supplies as well as higher property insurance and unplanned building expenses.

6. OFFICE EXPENSES, PRINTING, POSTAGE

Office expenses have been reduced for 2022 to reflect the rate of current expenditures in this expense area. Postage costs have been dramatically reduced as well as printing and courier costs. The budget for 2021 included a provision for significant courier costs which ended up not being required leading to decreased expenditures.

7. PROGRAM MATERIALS, SUPPLIES

The 2021 budget included supplies for mass immunization and significant dental supplies for the mobile dental clinic. The Ministry provided the majority of supplies required for the vaccine rollout and the production of the mobile clinic has been delayed thus leading to savings. The budget for 2022 is consistent with the level of supplies purchased in the current year. An adequate supply of masks and related supplies is currently in storage for use in 2022.

8. PROFESSIONAL & PURCHASED SERVICES

The majority of the budget for professional and purchased services reflects dental, denturist and lab fees in the Seniors Dental program. Insurance costs are included in this area and are expected to increase by 15 per cent. A service agreement for information technology consulting is also included in the purchased services budget. In 2021, professional services include legal costs related to COVID enforcement activities, an increase of 14 per cent for liability insurance and IT consulting fees. The vast majority of expenses are for purchased services for the Seniors Dental program where services could be increased due to savings in supplies and travel.

9. COMMUNICATION COSTS

The communication budget is consistent with previous years. No significant change.

10. INFORMATION TECHNOLOGY

Information Technology costs escalated during the 2021 fiscal year due to ongoing pandemic related technology requirements. Although some of these increases will continue during 2022, the increases will be offset by infrastructure consolidation initiatives.

11. CAPITAL EXPENDITURES

A budget of \$75,000 is included for the purchase of IT infrastructure upgrades. A procurement process will be completed in 2022 with the expectation that equipment will be leased over a three to five year period. In the past, significant upgrades have been covered through one-time grants however, this is not a viable option at this time.

12. TRANSFER TO CAPITAL/OPERATING FUNDS

Transfers represent retainable funds that will be held for future building and/or critical service requirements as per the Accounting Practices policy. Ongoing investment in these funds helps ensure continuity of service and availability of funds for future capital costs.

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. Ethan Toumishey, Medical Officer of Health and CEO |
| Date: | Wednesday, December 1, 2021 |
| Subject: | Risk Management |
| Nature of Board Engagement | <input checked="" type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards |
| Action Required: | <ul style="list-style-type: none"> ♦ Board of Health to review revised Risk Management Policy and Procedure and approve its implementation. ♦ Board of Health to accept the Risk Management Progress Report for the period ending September 20, 2021 for submission to the Ministry of Health. |
| Background: | <p><i>As per the Public Health Accountability Framework, Boards of Health shall have a formal risk management framework in place that identifies, assesses and addresses risks”. The rationale for this requirement “Ensures Boards of Health are aware of and are taking action to mitigate known issues that may be creating a risk to the public’s health or to the stability or competency of the organization.”</i></p> <p>HPEPH has a comprehensive risk management policy and procedure that was originally approved by the Board of Health in 2017. The attached revision has been completed with two key objectives:</p> <ol style="list-style-type: none"> 1. To streamline and simplify the process wherever possible. 2. To be consistent with reporting guidelines established by the province since 2017. <p>This revision outlines in detail the roles and responsibilities of all parties associated with the risk management process, clarifies and simplifies the 5 steps of the process and has improved appendices for risk assessments, registers and reporting. Changes incorporated reflect the learning of the organization since 2017 in the implementation of the process during this time. The approach taken remains consistent with the provincial risk management system provided by the Ministry in 2017 and will incorporate other risk management processes in place throughout the organization.</p> <p>In June of 2021, the Board of Health approved a Risk Management Plan for the period of April 2021 – March 2022. This report identified seven key risks for the organization, all at a high organizational level requiring very strategic mitigation action plans. The progress report attached reflects activities that have been ongoing since June.</p> |

HASTINGS PRINCE EDWARD PUBLIC HEALTH POLICIES AND PROCEDURES

| | |
|---------------------|-------------------------------------|
| Section: | CORPORATE SERVICES |
| Policy: | Risk Management |
| Approved by: | For approval by the Board of Health |
| Date: | December 1, 2021 |

PURPOSE

To ensure an effective, continuous and integrated **Risk Management Process**¹ is in place to identify, monitor and respond to emerging issues and potential threats to the organization.

POLICY

The Hastings Prince Edward Public Health (HPEPH) Risk Management Process will incorporate the Ontario Public Service (OPS) framework of Risk Management (Appendix B), to ensure a consistent and comprehensive risk management program at all times.

The Risk Management Process includes the following objectives:

- To embed risk management into the culture and operations of the agency by continuously identifying, assessing and mitigating key organizational and operational risks;
- To assign the Executive Staff responsibility for operationalizing the organization's risk management program under the oversight of the Board of Health;
- To integrate risk management into strategic planning, operational planning, performance management and resource allocation decisions;
- To manage threats and leverage opportunities as appropriate and in accordance with best practices;
- To reassess regularly and to report on the organization's risks and the effectiveness of existing risk mitigation strategies;
- To train staff as required to identify, assess, and implement appropriate risk management strategies; and
- To encourage all staff to report risks and to ensure that no person, who in good faith, reports risk is subjected to any form of retribution, retaliation or reprisal.²

APPLICABILITY

The Risk Management Process will be applicable at all levels of the organization, and in key decision-making processes, including strategic planning, operational planning, performance management, resource allocation decisions, or when new projects are initiated.

All employees, students, and volunteers shall consider risk management as an integral and ongoing part of their role in the agency. They shall have an inherent responsibility to identify, assess, manage and communicate risks associated with their work to assist in developing and implementing risk management plans and actions.

Jo-Anne Albert, Board of Health Chair

Date

¹ **Risk Management Process** is a systematic process for incorporating risk management into the decision-making process for all HPEPH activities (Glossary – Appendix A)

² Adapted from Kingston, Frontenac Lennox and Addington Public Health June 2021

ROLES & RESPONSIBILITIES

The following table outlines the roles and responsibilities of the Board of Health (BOH), Medical Officer of Health (MOH) or designate, Directors, Management and staff of HPEPH in the Risk Management Process.

| Role | Responsibilities |
|---|--|
| Board of Health (BOH) | <ul style="list-style-type: none"> • Provide oversight of risk management program through regular policy reviews and the review of semi-annual reports. • Ensure the Executive Team effectively executes the Risk Management Program. • Ensure the organization integrates risk management within the strategic planning process. • Ensure Board understanding of the inherent risks of the organization, risk mitigation strategies and the risk tolerance of management in executing these strategies. • Recognize organizational behaviour that can lead to excessive or insufficient risk taking and follow up as required. • Ensure that no person who reports a risk, in good faith, is subjected to any form of retribution, retaliation or reprisal. |
| Medical Officer of Health or designate (MOH) | <ul style="list-style-type: none"> • Provide strategic organizational-level risk management decisions, in conjunction with the BOH, ensuring the effective execution of the agency’s risk management process and that no significant risk is overlooked. • Cultivate and support a risk management culture by encouraging open communication, knowledge sharing, best practice and transparent risk reporting. • Provide direction to Executive and Management Teams on the identification and assessment of risks, mitigation strategies and acceptable risk tolerance. • Ensure that Executive Team implement, and are accountable for, the organizational-level Risk Management Program. |
| Executive Team | <ul style="list-style-type: none"> • Promote a risk management culture where the Management Team has an awareness of the Risk Management Process and are encouraged to identify, report and mitigate risks as required. • Prepare risk registers, mitigation action plans and risk reports for top identified risks. • Embrace an integrated approach to risk management, sharing risk information transparently throughout HPEPH. • Oversee the Risk Management Process by ensuring the Risk Management Policy is followed by the Management Team. • Provide direction to Management Team and Staff on the Risk Management Process and risk tolerance within the organization. • Report identified high risks to the MOH, as required. |

| | |
|--|--|
| <p>Director of Corporate Services</p> | <ul style="list-style-type: none"> • Ensure annual identification of risks and related concerns • Provide semi-annual reports to the Ministry of Health, Governance Committee, Board of Health, Executive and Management Teams on key risks and mitigation strategies • Ensure appointment, training, and oversight of Risk Management Committee/Working group as required. • Work with Executive Team to identify, assess and monitor risks, both internal and external. • Provide direction to Management Team on Risk Management Process and risk tolerance within organization |
| <p>Management Team</p> | <ul style="list-style-type: none"> • Promote a risk management culture where staff members have an awareness of the Risk Management Process and are encouraged to identify, report and mitigate risks as required. • Prepare risk assessment sheets, mitigation action plans and risk reports for top identified risks in accordance with the Risk Management policy and procedures and within identified risk tolerances.³ • Embed risk management into day-to-day operational decision-making. • Ensure staff members have an awareness of the Risk Management Process and are encouraged to report risks. • Report identified risks to Executive Team, as needed. |
| <p>All Staff</p> | <ul style="list-style-type: none"> • Have an awareness of the HPEPH integrated risk management framework, policy and procedure. • Identify, assess and communicate risks associated with workplace operations, on an ongoing basis, and report any identified risks to appropriate Management Team member. |
| <p>Administration</p> | <ul style="list-style-type: none"> • Coordinate and maintain documentation for policies and procedures, risk assessment sheets, action plans and risk reports. • Support Management Team as required to identify, monitor, assess and report risk management data. |

³ **Risk Tolerance** is the amount of risk that the area being assessed can manage.

RISK MANAGEMENT PROCESS

The Risk Management Process consists of five steps⁴ as shown in **Figure 1**. The process helps ensure risks are properly identified, assessed, and mitigated.

Figure 1



Adapted from OPS Risk Management Strategy and Process Toolkit 2016

| Step | Procedure |
|------|---|
| 1 | <p>Identify possible risks – <i>what could go wrong?</i></p> <ul style="list-style-type: none"> • There are 14 risk categories in the OPS Risk Management Framework. Identify the category of risk as provided in Appendix B - OPS Key Risk Categories. • Examine trends and consider past risk events to help identify risks. • Use the Risk Assessment Sheet provided in Appendix C to document the risk. • Define the context and confirm an objective(s) and/or goals(s) with each identified risk. This is done by the risk owner for the project, program or initiative. • The risk owner will be the person who will manage and coordinate the mitigation of the risk • Objectives can be at any level: organizational, operational or program • Objectives can be general or include specific goals, key milestones, deliverables and commitments <p>It is not important whether the risk or objective is identified first; what is important is to address the possible risk of what could go wrong?</p> |
| 2 | <p>Assess & Rate Current Risk Situation</p> <ol style="list-style-type: none"> 1. First, list the current strategies and controls that are in place for the risk 2. Using Table 1, assess the current Likelihood of Occurrence (<i>inherent risk</i>) with current controls in place and without any new mitigation strategies. Document the score in the Risk Register (Appendix C) 3. Next, assess the current Potential Impact (<i>inherent impact</i>) with current controls in place. The potential or inherent impact refers to the impact of risk to the organization, service, program and clients without any further mitigation. Document the score in the Risk Register. 4. Assess identified risk by evaluating the two elements of risk: Likelihood of Occurrence & Potential Impact (as per Table 1) 5. Then, calculate the risk score by multiplying the score of Likelihood x Impact and determine the current level of risk on the Risk Acceptability Scale and the Risk Prioritization Heat Map (Appendix D) 6. Risks that have a risk score greater than 10 will be identified as a key risk meaning additional mitigation strategies should be identified. |

⁴ **The Risk Management Process** is a fluid process. The steps are integrated and should be used only as a guideline.

7. Risks that have a risk score less than 10 will be evaluated on a case by case basis. The Director overseeing the risk area will evaluate and determine if further mitigation is required to reduce the risk.

Table 1 - Risk Assessment Value

| Value | Likelihood of Occurrence/ <i>Inherent risk</i> | Potential Impact (<i>inherent impact</i>) |
|-------|--|---|
| 1 | Unlikely to occur | Insignificant |
| 2 | May occur occasionally | Minor |
| 3 | Is as likely to occur as not to occur | Moderate |
| 4 | Is likely to occur | Major Impact |
| 5 | Is almost certain to occur | Extreme – threatens success |

Adapted from OPS Risk Management Strategy and Process Toolkit 2016

3 Identify & Assess Mitigation Strategies

- Start with controls that are already in place. Then consider additional risk controls or mitigation strategies that would reduce the risk. This could include new processes, staff training, personal protective equipment, technology, etc.
- Mitigation strategies/controls could include:
 - Preventive controls (*strategies to prevent a risk such as security and training programs*)
 - Detective control (*strategies to detect the occurrence of risk such as fire or fridge alarms*)
 - Corrective or recovery controls (*strategies put in place after the risk occurs such as insurance or backups*)
- Refer to Appendix A for definitions of preventive, detective and corrective or recovery controls.

4 Develop a Strategic Action Plan

- Reassess the impact and likelihood of the risk with the impact of the new mitigation strategies identified in Step 3.
- Calculate a new risk score for the identified risk. This will be known as the Residual Risk with a Residual likelihood and Residual impact.
 - *Residual likelihood* – With new mitigation strategies in place, how likely is this risk?
 - *Residual impact* – With new mitigation strategies in place, how big of an impact will this risk now be?

Always Ask - Is it an acceptable or unacceptable risk? If yes, accept. If no, take more action.

- **Note:** If the risk score will not be reduced with mitigation strategies, seek the input of a Director to consult on the potential development of other strategies.
- If the risk remains Moderately High to High, there are four basic responses: Accept, Avoid, Transfer or Control the risk
- Consider such factors as implementation costs, timing, program implications and feasibility of mitigation strategies when assessing the risk. In some cases, the risk will simply need to be accepted; in other cases, the risk will need to be avoided or transferred.
- If the risk-response decision is to **Control** the risk (regardless of the risk score), proceed with a Risk Mitigation Action Plan using the Risk Register in Appendix E, incorporating prioritized SMART goals; specific, measurable, achievable, realistic and time specific.
- Some strategies and/or controls will be easier to implement than others and may reduce the risk score more than others. The cost and timing of mitigation strategies must also be considered in the development of an appropriate action plan.
- Get approval from your Director for the Action Plan and Execute the agreed Plan.

5

Monitor and Report

- The risk owner must continuously monitor the Action Plan to ensure the mitigation strategies identified are appropriate and decreasing the risk score over time as anticipated.
- The risk owner will document risks in a Risk Register Report (see Appendix E) on a semi-annual basis or as requested by the Executive Team.
- The Director of Corporate Services will maintain a Risk Register to summarize all risks. Key factors in maintaining the Risk Register include the following.
 - Have risks changed? How?
 - Are there new risks to be added to the register?
 - Do you need to report or escalate risks? To whom? How?
 - Have mitigation strategies reduced the risk rating (Impact x Likelihood) enough that the risk is below approved risk tolerance levels? Can the risk be deemed to be an acceptable level?
- **Risk Monitoring** is an ongoing, key component of the Risk Management Process; it is critical to monitor, reassess and evaluate on an ongoing basis.
- **Risk reporting** is also based on the level of risk and includes internal and external reporting.
 - **Low risks** are typically accepted and monitored, but normally do not have action plans. They are managed by routine procedures, and informal reporting to a Program Manager.
 - **Moderate risks** pose a moderate threat to the achievement of objectives and can typically be managed by routine procedures and monitoring on a semi-annual basis to the Executive Team.
 - **Moderately-High** risks may pose a significant threat to the achievement of key objectives. They typically require action/mitigation plans, specific procedures and ongoing monitoring. The Actual Residual Risk will be reviewed on a semi-annual basis and reported to the Executive Team.
 - **High** risks pose a significant threat to the achievement of key objectives. Detailed and immediate action, mitigation planning and attention is required by the risk(s)/control(s) owner(s) with regular monitoring. The Actual Residual Risk will be reviewed on a semi-annual basis and reported to the Executive Team.
- The risk owners will document the action response details in the Risk Register and Mitigation Action Plan (Appendix E)
- A risk report will be submitted on a semi-annual basis to the Ministry of Health, Governance Committee, Board of Health and the Executive and Management Committees. The report will summarize moderately-high and high risks within the 14 OPS Key Risk Categories, mitigation strategies implemented and next steps. A sample report is provided in Appendix F.
- Refer to Appendix D for Risk **Acceptability Scale & Reporting Frequency**

Appendix A – Glossary

Risk is an uncertain event or condition that, if it occurs, has an effect on the objectives of an organization. It includes both threats to the objectives and opportunities to improve on objectives. (*alpha Risk Management Working Group*)

- **Inherent risk (Likelihood)** is the risk that a condition or an activity would pose if no controls or other mitigating factors were in place (the gross risk or risk before controls).
- **Residual risk (Impact)** is the level of risk remaining after evaluating the effectiveness of current risk mitigation or controls: Can you live with the exposure- if yes, accept it; if no, take more action.

Risk appetite is the amount and type of risk that an organization is willing to take in order to meet their strategic objectives.

Risk categories: The OPS risk management framework has been adopted and classifies risks into the following risk categories: compliance / legal; equity; financial; governance / organizational; information / knowledge; environment; human resources; operations; political; privacy; security; stakeholder; strategic; and technology. Appendix B includes descriptions of each category.

Risk controls: see Risk Mitigation Strategies

Risk intelligence is the organizational ability to think holistically about risk and uncertainty, speak a common risk language, and effectively use forward-looking risk concepts and tools to make better decisions, alleviate threats, capitalize on opportunities and create lasting value. It is essential to survival, success and relevance of organizations and stakeholders.

Risk management is a systematic approach to setting the best course of action under uncertainty by identifying, assessing, understanding, acting on, and communicating risk issues.

- **Integrated risk management** is a continuous, proactive and systematic process to understand, manage and communicate risk from an agency-wide perspective. It involves making strategic decisions that contribute to the achievement of an organization's overall objectives.
- **Risk Management Process** is a systematic process for incorporating risk management into the decision-making process for all HPEPH activities. It is a continuous interlinked process aimed at improvement—not an event.

Risk mitigation is the act of reducing the negative impact of risk exposure / likelihood of occurrence through preventive, detective or corrective measures. Effective mitigation strategies / controls can also increase opportunities.

Risk Mitigation Strategies / Controls reduce negative risks or increase opportunities:

- **Preventive** controls / mitigation strategies are designed to prevent a risk from occurring, focusing on the cause of the risk and reducing its likelihood (e.g., security, awareness and training programs, qualified staff, planning and procedures).
- **Detective** controls or mitigation strategies are designed to detect the occurrence of risk, focusing on either the cause or the consequence of the risk, allowing for early intervention and reducing the impact of the occurrence (e.g., reporting mechanisms, financial reconciliation, fire alarms and audits).
- **Corrective** or recovery controls or mitigation strategies are designed to respond after the risk occurs, focusing on reducing the impact of the occurrence (e.g., contingency plans, backups and insurance).

Risk owner is an individual who is responsible for managing the risk or who has the most influence over its outcome.

Risk Prioritization Heat Map is a tool used to present the results of a risk assessment process visually, in a meaningful and concise way. It illustrates the likelihood and potential impact of identified risks, and acceptability (see Appendix D).

- The cell will be colour coded with either R (red), A (amber), or G (green) and is the most important indicator as it flags future-period trending based on the risk owner's knowledge of future actions, opportunities or threats.

Risk Assessment Sheet is a document that outlines the results of the risk identification, evaluation and prioritization process and includes additional information related to actions being taken and persons or groups responsible for the actions, as per Appendix C.

Risk tolerance is the amount and type of risk that an organization *can* manage (e.g. can lose email capabilities for 5 hours) as opposed to Risk appetite willingness to manage (e.g. only *willing* to lose email capabilities for 1 hour).

Appendix B

14 Ontario Public Service (OPS) Key Risk Categories and Descriptions

| Risk Category | Risk Description |
|--|--|
| Environmental | Uncertainty usually due to external risks facing an organization including air, water, earth, forests, climate change, natural disasters |
| Equity | Uncertainty that policies, programs or services will have a disproportionate impact on the population. |
| Financial | Uncertainty around obtaining, committing, using, losing economic resources; or not meeting overall financial budgets/commitments. Concern over fraud, adequacy of internal controls or process concerns. |
| Governance / Organizational | Uncertainty about maintenance or development of appropriate accountability and control mechanisms such as organizational structures and systems processes; systemic issues, culture & values, organizational capacity, commitment, learning and management systems, etc. |
| Human Resources / People | Uncertainty as to the capacity of the entity to attract, develop and retain the talent needed to meet its objectives. Concern over succession planning, performance standards, labour disruptions and other HR resource issues. |
| Information / Knowledge | Uncertainty regarding access to, or use of, inaccurate, incomplete, obsolete, irrelevant or untimely information; unreliable information systems; inaccurate or misleading reporting. |
| Legal/Compliance | Uncertainty regarding compliance with laws, regulations, standards, policies, directives, contracts, memorandums of understanding (MOUs) and the risk of litigation. |
| Operational or Service Delivery | Uncertainty regarding the activities performed in carrying out HPEPH's strategies or how HPEPH delivers programs and/or administrative services. |
| Political | Uncertainty that events may arise from or impact the Minister's Office / Ministry, e.g. a change in government, political priorities or policy direction. |
| Privacy | Uncertainty with regards to exposure of personal information or data; fraud or identity theft; unauthorized data access. |
| Security | Uncertainty relating to breaches in physical or logical access to data and locations (offices, labs, warehouses, etc.) |
| Stakeholder / Public Perception | Uncertainty around managing the expectations of the public, other governments, Ministries, or other stakeholders and the media to prevent disruption or criticism of the service and a negative public image. |
| Strategic / Policy | Uncertainty around strategies and policies achieving required results / or that old and/or new policies, directives, guidelines, legislation, processes, systems and procedures fail to recognize and adapt to changes. |
| Technology | Uncertainty regarding alignment of IT infrastructure with technology and business requirements; availability of technological resources. |

Adapted from the OPS Risk Management Framework

Appendix C

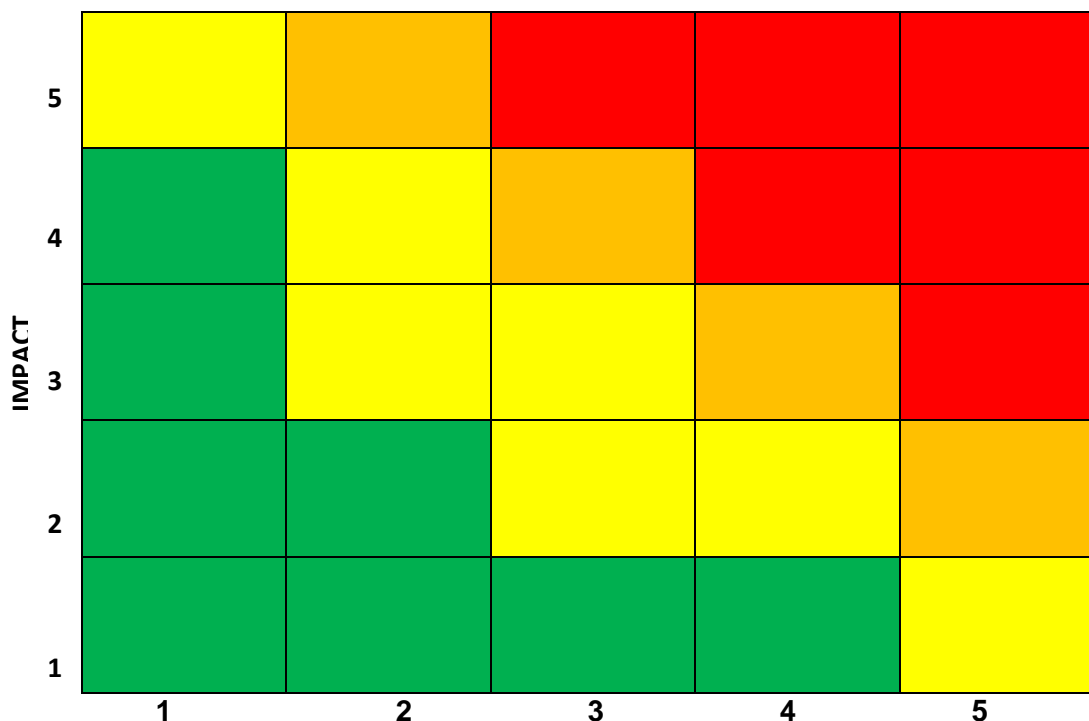
Risk Assessment Sheet

| | | | | | |
|--|---|---|---|--|---|
| <p><u>STEP 1</u></p> <p>Identify Risks</p> | <p>Risk:</p> <p>Risk Owner(s):</p> <p>OPS Key Risk Categories affected:</p> <p>Goal / Objective:</p> | | | | |
| | | | | | |
| <p><u>STEP 2</u></p> <p>List Current Risk Control Strategies and Calculate Risk Assessment Score</p> | <p>List Current Strategies and Controls in place:</p> <p><u>Calculate Risk Assessment Score:</u></p> <p>Likelihood of occurrence score ____ X Potential Impact score ____</p> <p style="text-align: center;">= Current Risk Score <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Place Risk Score on Risk Prioritization Heat Map (see Appendix D)</p> <p style="text-align: center;"><input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately High <input type="checkbox"/> High</p> <p>Risk score < 10 - May require monitoring- Director decision required Risk score ≥ 10 - Requires a Response/Action Plan</p> | | | | |
| | | | | | |
| <p><u>STEP 3</u></p> <p>Identify and Assess Mitigation Strategies</p> | <p>Identify additional mitigation strategies. What can the organization do to reduce the risk?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> Is staff training required?</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Is a new policy/procedure required?</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Is PPE sufficient?</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Will a technology solution address this risk?</td> </tr> </table> | <input type="checkbox"/> Is staff training required? | <input type="checkbox"/> Is a new policy/procedure required? | <input type="checkbox"/> Is PPE sufficient? | <input type="checkbox"/> Will a technology solution address this risk? |
| <input type="checkbox"/> Is staff training required? | | | | | |
| <input type="checkbox"/> Is a new policy/procedure required? | | | | | |
| <input type="checkbox"/> Is PPE sufficient? | | | | | |
| <input type="checkbox"/> Will a technology solution address this risk? | | | | | |
| | | | | | |

| | |
|---|--|
| <p>STEP 4 Evaluate Residual Risk Assessment Score and Create Action Plan</p> | <p>Evaluate the Residual Risk with additional mitigation strategies in place:</p> <p><u>Residual Risk Assessment Score:</u></p> <p>Residual Likelihood of occurrence score ____ X Residual Impact score ____</p> <p style="text-align: center;">= Residual Risk Score <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Place on Risk Prioritization Heat Map to determine Residual Risk <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately High <input type="checkbox"/> High</p> <p>Residual Risk < 10 - May require monitoring (Review with Director) Residual Risk score ≥ 10 – Determine response and if Control is chosen:</p> <ul style="list-style-type: none">• Prepare a Risk Mitigation Action Plan based on Recommended Risk Mitigation Controls from Step 3. |
| <p>STEP 5 Monitor and Report</p> | <p>Monitor as agreed upon between Risk Owner & Director Moderately – High to High = Semi-Annual Risk Report (see Appendix G)</p> |

Appendix D

RISK PRIORITIZATION HEAT MAP



LIKELIHOOD

| | |
|--|---|
| Low Risk 0 - 4 | Risks do not exist or are of minor importance and not likely to significantly affect the achievement of objectives. Risks can be managed by routine procedures. |
| Moderate Risk 5 - 9 | Risks that are a moderate threat to the achievement of objectives. Specific management responsibility and specific procedures are required. |
| Moderately-High Risk 10 - 14 | Risks that may be a significant threat to the achievement of key objectives. Detailed action / mitigation plan is required. |
| High Risk 15 - 25 | Risk that are a significant threat to the achievement of key objectives. Detailed management planning and attention is required. |

RISK ACCEPTABILITY SCALE and REPORTING FREQUENCY

| Risk Score (0 – 25) | Level of Risk | Acceptability | Reporting Frequency |
|---------------------|-----------------|--|---|
| 0 - 4 | Low | Acceptable | No reports required |
| 5 - 9 | Moderate | Marginally Acceptable Monitor for escalation | Monitor quarterly |
| 10 - 14 | Moderately-High | Marginally Unacceptable Take Action / Mitigation Plan | Monitor & Report quarterly, to supervisor |
| 15 - 25 | High | Unacceptable Take Action / Mitigation Plan | Monitor & Report quarterly, to supervisor |

Adapted from Ottawa Public Health 2016

HPEPH – RISK REGISTER and MITIGATION ACTION PLAN Appendix E

For the Period _____

Completed By (Manager) _____

| Item # | Risk | OPG Risk Category | Likelihood | Impact | Risk Score and Rating | | Risk Mitigation Action Plan | Risk Owner | Report Dates |
|--------|------|-------------------|------------|--------|-----------------------|---|-----------------------------|------------|--------------|
| | | | | | F | G | | | |
| A | B | C | D | E | F | G | H | I | J |
| | | | | | | | | | |
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| | | | | | | | | | |

- Legend**
- A Risk Number
 - B Name of Risk
 - C Key OPS Risk Categories (may be one or several)
 - D Likelihood Score
 - E Impact Score
 - F Total Risk Assessment Score
 - G Heat Map Rating of Low/Moderate/Moderately High and High
 - H Mitigation Action Plan - Describe Plan and Use SMART Goals (specific, measurable, achievable, realistic and time-specific)
 - I Risk Owner
 - J Report Dates (to Director/Executive Team/BOH/Ministry)

Reviewed by _____
 Director

 Date

HPEPH - SAMPLE RISK MANAGEMENT REPORT – Appendix F
 For the period _____

| Item # | Risk | OPS Risk Category | Likelihood | Impact | Risk Score and Rating | | Mitigation Action Plan/Progress | Risk Owner | Report Dates |
|--------|------|-------------------|------------|--------|-----------------------|---|---------------------------------|------------|--------------|
| A | B | C | D | E | F | G | H | I | J |
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Legend

- A Risk Number
- B Name of Risk
- C Key OPS Risk Categories (may be one or several)
- D Likelihood Score
- E Impact Score
- F Total Risk Assessment Score
- G Heat Map Rating of Low/Moderate/Moderately High and High
- H Mitigation Plan/Progress
- I Risk Owner
- J Report Dates (to Director/Executive Team/BOH/Ministry)

Completed by

 Director of Corporate Services

 Date

HPEPH - RISK MANAGEMENT REPORT
For the period June 2021 - September 2021

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | | Mitigation | Lead | Report Dates |
|--------|---|---|------------|--------|-------------|----------------------|---|---|--|
| A | B | C | D | E | F | | G | | H |
| 1 | Potential of legal action given interactions with thousands of people in the community through enforcement activities, COVID vaccine clinics and dental work | Compliance Legal | 4 | 2 | 8 | Moderate | <ol style="list-style-type: none"> 1. Legal advice has been sought regarding electronic signatures and indemnification clauses. Follow up action required to implement recommendations. 2. Will commence work on contract reviews and health and safety procedures for community work in 2022. | Director of Corporate Services | Progress report to Ministry in January and BOH in April 2022 |
| 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. Reserve policy and procedure to be reviewed with Finance Committee in 2022. 2. Review internal controls and reporting processes in 2022. 3. A 2 year financial strategy will be prepared in early 2022. | Director of Corporate Services/Finance Manager | Progress report to Ministry in January and BOH in April 2022 |
| 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. The Board of Health reviewed a Strategic Priorities for Recovery Plan in September which identified 5 key priority areas for recovery over the period of Sept 2021 - December 2023. Work will continue on the development of specific program recovery plans with a goal of completion by December 2021. | Program Directors | Progress report to Ministry in January and BOH in April 2022 |
| 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. A two year human resource strategy to address key HR issues was developed in August. Specifics of the plan will be further developed as part of the recovery plan. | Manager, Human Resources and Organizational Development | Progress report to Ministry in January and BOH in April 2022 |
| 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. Enhanced security technology was purchased and implemented in August in response to several Public Health security concerns. 2. Staff training and orientation in privacy and security to be enhanced throughout the organization. Details to be determined in 2022. | IT Manager and Privacy Officer | Progress report to Ministry in January and BOH in April 2022 |

HPEPH - RISK MANAGEMENT REPORT
For the period June 2021 - September 2021

| Item # | Risk | Category | Likelihood | Impact | Risk Rating | | Mitigation | Lead | Report Dates |
|--------|--|-----------------------------------|------------|--------|-------------|-----------------|---|---|--|
| A | B | C | D | E | F | | G | | H |
| 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. A two year communications strategy to address key communication issues was developed in August 2021. Specifics of the plan will be further developed as part of the recovery plan. | MOH/Communication Team | Progress report to Ministry in January and BOH in April 2022 |
| 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. A two year IT strategy to address key IT issues was developed in August 2021. Specifics of the plan will be further developed as part of the recovery plan. | IT Manager and Director of Corporate Services | Progress report to Ministry in January and BOH in April 2022 |

Note - This progress report covers the period of June - September 2021. A significant amount of planning has been done in this short period. Risk ratings have not been changed since June 2021.

Board of Health Briefing Note

| | |
|-----------------------------------|---|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | Victoria Law, Social Determinants of Health Public Health Nurse |
| Approved by: | Tanya Hill, Manager Foundational Standards and Communications |
| Date: | Wednesday, December 1, 2021 |
| Subject: | Land Acknowledgement Adoption Plan |
| Nature of Board Engagement | <input type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards |
| Action Required: | <p>Approve the following Land Acknowledgement and proceed with development of accompanying Board of Health policy:</p> <p><i>Hastings Prince Edward Public Health is situated and provides services on the traditional and unceded territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people. Our catchment area is adjacent to the Tyendinaga Mohawk Territory to our east, and the Kijicho Manito Madaouskarini Algonquin First Nation to our north. We recognize that settlers came to be on this land as uninvited guests and created a legacy of inequities that are ongoing. We are committed to reducing these inequities, and through our work strive to improve health equity. We recognize the importance of the land and environment in establishing and sustaining optimal health, and we vow to respect this land as we undertake our work. Our organization pledges to build relationships with Indigenous friends and neighbours and recognizes the rich contributions they have provided and continue to provide to this region. This acknowledgement is a first step in our ongoing commitment to reconciliation.</i></p> |
| | <p>In May of 2020, the Hastings Prince Edward (HPEPH) Board of Health motioned to proceed with the development of a land acknowledgment. The goal of this acknowledgement is to support staff in working with local Indigenous communities and advance our path towards reconciliation.</p> <p>Following the Board of Health motion, former HPEPH Medical Officer of Health, Dr. Oglaza, consulted with Chief Hunter of the Kijicho Manito Madaouskarini Algonquin First Nation located in the Bancroft region, and Chief Donald R. Maracale of the Mohawks of the Bay of Quinte, located adjacent to the HPEPH catchment area. HPEPH was thanked for our early consultation request but encouraged HPEPH staff to self-reflect and develop an acknowledgement that is meaningful for staff and applicable to the nature of the work conducted by HPEPH. A respectful land acknowledgment must also demonstrate a best effort to pronounce First Nations and Indigenous groups appropriately. The following reflect the phonetic spelling of the local Indigenous populations:</p> <ul style="list-style-type: none"> • Anishnabeg Awe – Nish – Nah – Beck • Haudenosaunee Hoe – De – Nah – Show – Nee • Wendat When-Dat |

| | |
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| | <p>In follow-up to the feedback to self reflect, staff were invited to participate in a reflection exercise. Their comments and feedback were collected through a survey with a response rate of approximately 30% yielding a total of 47 completed surveys. This survey was launched on September 30, Canada's first National Day for Truth and Reconciliation, and aimed to encourage staff to consider what meaningful ways HPEPH can work towards reconciliation. One staff member reflected:</p> <p><i>"A Board of Health supported land acknowledgement makes a clear statement to staff [regarding the] level of organizational commitment, [and the] importance of working toward reconciliation."</i></p> <p>It is advised that a board of health policy be developed to follow the acceptance of this acknowledgment, which should include information about the context and importance of land acknowledgement, appropriate settings to use the acknowledgment, background and history on the First Nations whose territory are to be acknowledging, proper pronunciation, frequency of review, and a grounded purpose linking the acknowledgment to reconciliation in alignment with health equity and Indigenous engagement goals at the organizational level.</p> |
| Reviewed By: | Dr. Ethan Toumishey, Acting Medical Officer of Health and CEO |




HASTINGS PRINCE EDWARD
Public Health

Land Acknowledgement for Board of Health

Victoria Law, Social Determinants of
Health Public Health Nurse

Board of Health
December 1, 2021

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HASTINGS PRINCE EDWARD
Public Health

Purpose of land acknowledgment

- An act of reconciliation
- Communicates with staff and visitors of the relationship that we have to the territory in which we live and work
- Is in alignment with Health Equity Requirement #3 to support the development of meaningful relationships with Indigenous Peoples
- Provides an opportunity to hold the organization accountable in our path towards reconciliation

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Development process

- Gathered perspectives from staff
- Preliminary consultation with Mohawks of the Bay of Quinte, Kijicho Manito Madaouskarini Algonquin First Nation and the Métis Nation of Ontario
- Sought review from Mohawks of the Bay of Quinte and Kijicho Manito Madaouskarini


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Staff perspectives

Why do you think that having a land acknowledgement is important for the work of HPEPH?



community
land acknowledgement
communities
relationship
HPEPH
people
land
all
local
crucial
Standard
building
health

community
needs
care
services
inequities
action
think
more
understanding
area
one
working
partners
trust
provide
need
ensure
work
contribute
serve
now
show
positive
trusting
about
understand
history
peoples
safe
live
towards
help
acknowledgment
accessing
acknowledge
relationships
build
reconciliation
between
important

4

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Proposed acknowledgment

Hastings Prince Edward Public Health is situated and provides services on the traditional and unceded territory of the Anishinaabe, Huron-Wendat and Haudenosaunee people. Our catchment area is adjacent to the Tyendinaga Mohawk Territory to our east, and the Kijicho Manito Madaouskarini Algonquin First Nation to our north. We recognize that settlers came to be on this land as uninvited guests and created a legacy of inequities that are ongoing. We are committed to reducing these inequities, and through our work strive to improve health equity. We recognize the importance of the land and environment in establishing and sustaining optimal health, and we vow to respect this land as we undertake our work. Our organization pledges to build relationships with Indigenous friends and neighbours and recognizes the rich contributions they have provided and continue to provide to this region. This acknowledgment is a first step in our ongoing commitment to reconciliation.

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Next steps

- Approve land acknowledgement
- Develop BOH land acknowledgement policy
- Demonstrate commitment to reconciliation and holding HPEPH accountable
- Continue relationship building with Indigenous partners and communities

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Board of Health Briefing Note

| | |
|-----------------------------------|--|
| To: | Hastings Prince Edward Board of Health |
| Prepared by: | Roberto Almeida, Program Manager |
| Approved by: | Eric Serwotka, Director of Community Programs |
| Date: | Wednesday, December 1, 2021 |
| Subject: | Enforcement 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 type="checkbox"/> Compliance with Accountability Framework <input checked="" type="checkbox"/> Compliance with Program Standards |
| Action Required: | No action required. |
| Background: | <p><i>The Ontario Public Health Standards requires boards of health to publicly disclose results of all inspections or information in accordance with the Consumption and Treatment Services Compliance and Enforcement Protocol, 2021 (or as current); the Food Safety Protocol, 2018 (or as current); the Health Hazard Response Protocol, 2018 (or as current); the Infection Prevention and Control Complaint Protocol, 2018 (or as current); the Infection Prevention and Control Disclosure Protocol, 2018 (or as current); the Infection Prevention and Control Protocol, 2018 (or as current); the Recreational Water Protocol, 2018 (or as current); the Safe Drinking Water and Fluoride Monitoring Protocol, 2018 (or as current); the Tanning Beds Protocol, 2018 (or as current); and the Tobacco, Vapour and Smoke Protocol, 2018 (or as current).</i></p> <p>Enforcement activities are regularly presented to the Hastings Prince Edward (HPEPH) Board of Health once per year at the March meeting outlining the previous year's activities. Given the significant environmental health risks that COVID-19 presents in our community this special report is being brought forward earlier in our reporting cycle to inform the Board of Health and the public of recent COVID-19 enforcement activities, in addition to our regular enforcement activities. HPEPH will also be posting charges and convictions for COVID-19 related offences on a special page on our website starting in January 2022.</p> <p>This report presents a summary of enforcement activity between January 1 and November 20, 2021.</p> |
| Comments | <p>Tobacco Enforcement Officers completed Smoke-Free Ontario Act (SFOA) inspections required by the Ministry of Health, including:</p> <ul style="list-style-type: none"> 1 compliance check to ensure area retailers are not providing tobacco or vapour products to a person who is less than 19 years of age 11 inspections to ensure tobacco and vapour product vendors follow display and promotion restrictions 29 inspections to ensure all secondary schools, public places, workplaces, work vehicles, and other prescribed areas (e.g. campuses, hospital property, sporting areas, outdoor restaurant/bar patios, playgrounds) meet the following: |

| | |
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| | <ul style="list-style-type: none"> • 100% smoke-free • have “no smoking/no vaping” signs posted; and • do not contain ashtrays <p>The SFOA inspections resulted in 7 charges and 14 warnings laid during this period:</p> <ul style="list-style-type: none"> 1 ticket was issued for <i>sell/supply tobacco or vapour products to a person who is less than 19 years old</i> 1 ticket was issued for <i>smoke/hold lighted tobacco in enclosed workplace or public place</i> 2 tickets were issued for <i>failure of employer to ensure no ashtrays or similar equipment</i> 1 ticket was issued for <i>permit display of vapour products in place where sold or offered for sale</i> 1 ticket was issued for <i>offer to sell vapour product in a prohibited place – nicotine higher than 20mg/ml</i> 1 ticket was issued for <i>offer to sell vapour product in a prohibited place – flavours not permitted</i> <p>Smoke-Free Ontario enforcement staff also dealt with 98 public complaints, enquiries and requests for resources.</p> <p>Most tobacco convictions were handled with the Early Resolution System in place at the Hastings County and Prince Edward County Provincial Offences Courts. The Early Resolution System affords the accused the opportunity to meet with the HPEPH prosecutor and plead guilty in return for a lesser fine, thereby reducing the need to have a trial.</p> <p>Public Health Inspectors working across a number of Healthy Environments programs completed several activities, including:</p> <ul style="list-style-type: none"> 1122 food premises inspections 575 rabies investigations <ul style="list-style-type: none"> - Top three: 361 dog, 162 cat, 30 bat 45 small drinking water systems inspections 130 recreational water facilities (e.g. wading pools, swimming pools) inspections 141 personal services settings (e.g. hair salons, tattoo parlours) inspections 4261 public complaints, enquiries and requests for information <p>A total of 3 Community Health Protection Orders were issued to mitigate health hazards at a swimming pool, medical practice, and a roadside attraction (zoo).</p> <p>The progressive enforcement procedure in the Food Safety Program led to 6 related charges.</p> <p>Failure to vaccinate a cat resulted in 1 rabies charge.</p> <p>Overall, these activities are in accordance with the Board of Health’s mission statement.</p> |
| Reviewed By: | Dr. Ethan Toumishey, Acting Medical Officer of Health and CEO |



Enforcement Report

Charges laid in 2021 under the Reopening Ontario Act (ROA), Smoke-Free Ontario Act (SFOA), Emergency Measures Civil Protection Act (EMCPA), and Health Protection and Promotion Act (HPPA) for the period from January 1, 2021 to November 18, 2021

| FACILITY NAME | ADDRESS | STATUTE | OFFENCE | STATUS | OFFENCE DATE | RESOLUTION DATE |
|--------------------------------------|---|----------------|---|-----------------------|---------------------|------------------------|
| ACTION TOWING | 9 Douglas Road Trenton | SFOA | Smoking in an enclosed workplace | Conviction \$125 | Jan. 5, 2021 | Oct. 6, 2021 |
| CANADIAN GAS BAR | 289 Dundas Street East Trenton | ROA | Corporation- fail to comply with a section 7.0.2 Order (no safety plan) | Conviction \$1,130 | Jan. 21, 2021 | Sept 1, 2021 |
| ULTRAMAR | 110 Hwy 33 Trenton | ROA | Individual- fail to comply with a section 7.0.2 Order (no safety plan) | Conviction \$880 | Jan. 21, 2021 | Feb. 19, 2021 |
| HIGH RISK CONTACT | Cannifton Road Belleville | HPPA | Fail to comply with a section 22 order in respect of a communicable disease (novel coronavirus) | Conviction \$880 | Feb. 28, 2021 | March 29, 2021 |
| SHOPPERS DRUG MART | 405 Dundas Street East Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to screen staff) | Conviction \$1130 | Feb. 17, 2021 | March 16, 2021 |
| SHOPPERS DRUG MART | 405 Dundas Street East Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to screen staff) | Conviction \$1130 | Feb. 18, 2021 | March 16, 2021 |
| HIGH RISK CONTACT | Cressview Avenue, Belleville | HPPA | Fail to comply with a section 22 order in respect of a communicable disease (novel coronavirus) | Conviction \$880 | March 4, 2021 | Sept. 1, 2021 |
| WELLINGTON GARDENS APARTMENTS | 15 Wellington Street Stirling | SFOA | Ashtray in an enclosed workplace | Conviction \$95 | March 22, 2021 | Sept. 1, 2021 |
| TAB'S DINER | 944 County Road 40 Trenton | ROA | Individual- fail to comply with a section 7.0.2 Order (failure to distance tables) | Unresolved | March 25, 2021 | NA |
| DAISY VAPE | 157 Bridge Street West Belleville | SFOA | Supply vapour products to a person less than 19 years of age | Conviction \$490 | March 31, 2021 | Sept. 1, 2021 |

| FACILITY NAME | ADDRESS | STATUTE | OFFENCE | STATUS | OFFENCE DATE | RESOLUTION DATE |
|--------------------------------|---|---------|--|---------------------|----------------|-----------------|
| COVID-19 CASE | College Street East Belleville | HPPA | No person shall hinder or obstruct a person acting under a direction of a medical officer of health lawfully carrying out a power, duty or direction under this Act. | Unresolved | April 9, 2021 | NA |
| COVID-19 CASE | Turnbull Street Belleville | HPPA | Fail to comply with a section 22 order in respect of a communicable disease (novel coronavirus) | Conviction \$885 | April 12, 2021 | June 3, 2021 |
| COVID-19 CASE | North front Street Belleville | EMCPA | Individual — fail to comply with an order made during a declared emergency (failure to comply with stay at home order) | Conviction \$885 | April 12, 2021 | June 3, 2021 |
| HIGH RISK CONTACT | Turnbull Street Belleville | HPPA | Fail to comply with a section 22 order in respect of a communicable disease (novel coronavirus) | Conviction \$885 | April 09, 2021 | June 3, 2021 |
| HIGH RISK CONTACT | Turnbull Street Belleville | HPPA | Fail to comply with a section 22 order in respect of a communicable disease (novel coronavirus) | Conviction \$885 | April 12, 2021 | June 3, 2021 |
| INDIVIDUAL 1 | 374 Moira Street East, Belleville | ROA | Individual- fail to comply with a section 7.0.2 Order (using closed recreational amenity) | Unresolved | April 25, 2021 | NA |
| INDIVIDUAL 1 | 374 Moira Street East, Belleville | ROA | Obstruct any person exercising a power in accordance with a continued section 7.0.2 order | Unresolved | April 25, 2021 | NA |
| INDIVIDUAL 2 | 374 Moira Street East, Belleville | ROA | Individual- fail to comply with a section 7.0.2 Order (using closed recreational amenity) | Unresolved | April 25, 2021 | NA |
| INDIVIDUAL 2 | 374 Moira Street East, Belleville | ROA | Obstruct any person exercising a power in accordance with a continued section 7.0.2 order | Unresolved | April 25, 2021 | NA |
| SLAPSHOTS BAR AND GRILL | 151 Cannifton Road, Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to mask) | Unresolved | May 10, 2021 | NA |

| FACILITY NAME | ADDRESS | STATUTE | OFFENCE | STATUS | OFFENCE DATE | RESOLUTION DATE |
|--|------------------------------------|---------|---|---|---------------|-----------------|
| SLAPSHOTS BAR AND GRILL | 151 Cannifton Road, Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to screen staff) | Unresolved | May 10, 2021 | NA |
| PUFF PUFF PASS | 180 North Front Street, Belleville | SFOA | Permit display of vapour products in manner that permits viewing before purchase | Conviction \$495 | May 17, 2021 | July 13, 2021 |
| PUFF PUFF PASS | 180 North Front Street, Belleville | SFOA | Offer to sell vapour product in a prohibited place- flavoured E-juice (other than mint, menthol or tobacco flavour) | Conviction \$495 | May 17, 2021 | July 13, 2021 |
| PUFF PUFF PASS | 180 North Front Street, Belleville | SFOA | Offer to sell vapour product in a prohibited place- E juice with high nicotine concentration (>20 mg) | Conviction \$495 | May 17, 2021 | July 13, 2021 |
| SAFARI EXPERIENCE/ ADVENTURE PARK | 1457 Peterson Road, Maynooth | ROA | Individual- fail to comply with a section 7.0.2 Order (operating a zoo while ordered closed) | Unresolved | May 23, 2021 | NA |
| SAFARI EXPERIENCE/ ADVENTURE PARK | 1457 Peterson Road, Maynooth | ROA | Individual- fail to comply with a section 7.0.2 Order (operating a zoo while ordered closed) | Unresolved | May 23, 2021 | NA |
| SAFARI EXPERIENCE/ ADVENTURE PARK | 1457 Peterson Road, Maynooth | HPPA | Community Health Protection Order- closure of facility to the public due to inadequate animal enclosures | Order Rescinded (facility no longer in operation) | May 27, 2021 | August 9, 2021 |
| UPTOWN FUNK STYLING GUYS & GALS | 296 Front Street Belleville | ROA | Individual- fail to comply with a section 7.0.2 Order (operating while ordered closed) | Unresolved | June 15, 2021 | NA |
| UPTOWN FUNK STYLING GUYS & GALS | 296 Front Street Belleville | ROA | Obstruct any person performing a duty in accordance with a continued section 7.0.2 order | Unresolved | June 15, 2021 | NA |
| UPTOWN FUNK STYLING GUYS & GALS | 296 Front Street Belleville | ROA | Individual- fail to comply with a section 7.0.2 Order (operating while ordered closed) | Unresolved | June 18, 2021 | NA |

| FACILITY NAME | ADDRESS | STATUTE | OFFENCE | STATUS | OFFENCE DATE | RESOLUTION DATE |
|---------------------------------------|--------------------------------------|----------------|--|-------------------|---------------------|------------------------|
| BELLE PUB | 310 Front Street Belleville | SFOA | Ashtray in an enclosed public place | Unresolved | June 29, 2021 | NA |
| EXPORT BAR & GRILL | 182 Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (operating while ordered closed) | Conviction \$1130 | June 29, 2021 | August 27, 2021 |
| INDIVIDUAL | King Street Trenton | HPPA | Fail to immunize cat against rabies | Unresolved | Sept. 3, 2021 | NA |
| DR. ODEROTIMI MEDICAL PRACTICE | 210 Dundas Street East Belleville | HPPA | Community Health Protection Order- order prohibiting use of multi use devices/equipment until proper sterilization has been achieved | Resolved | June 11, 2021 | June 28, 2021 |
| VAGABOND COVE COTTAGES | 41 Wilolea Road, Milford, PEC | HPPA | Community Health Protection Order- closure of pool until deficiencies are corrected | Still in effect | Sept. 10, 2021 | NA |
| MINDS ON CHILD CARE CENTRE | 235 Dundas Street West Belleville | HPPA | Food premise maintained in manner adversely affecting sanitary operation (pest infestation) | Unresolved | Sept. 13, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of patrons to mask) | Unresolved | Sept. 14, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to post capacity limit) | Unresolved | Sept. 14, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (lack of a safety plan) | Unresolved | Sept. 14, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Sept. 14, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to distance tables) | Unresolved | Sept. 14, 2021 | NA |

| FACILITY NAME | ADDRESS | STATUTE | OFFENCE | STATUS | OFFENCE DATE | RESOLUTION DATE |
|---|--------------------------------------|----------------|--|---------------|---------------------|------------------------|
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to screen staff & patrons) | Unresolved | Sept. 14, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to collect contact information of patrons) | Unresolved | Sept. 14, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of patrons to mask) | Unresolved | Sept. 16, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to post capacity limit) | Unresolved | Sept. 16, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (lack of a safety plan) | Unresolved | Sept. 16, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Sept. 16, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to distance tables) | Unresolved | Sept. 16, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to screen staff & patrons) | Unresolved | Sept. 16, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to collect contact information of patrons) | Unresolved | Sept. 16, 2021 | NA |
| JACK COOK'S WEE SPORTS BAR | 436 Dundas Street West Belleville | HPPA | Fail to maintain handwashing stations | Unresolved | Sept. 20, 2021 | NA |

| FACILITY NAME | ADDRESS | STATUTE | OFFENCE | STATUS | OFFENCE DATE | RESOLUTION DATE |
|----------------------------|--------------------------------------|----------------|--|---------------|---------------------|------------------------|
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Sept. 23, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Sept. 28, 2021 | NA |
| BIRDY'S FINE DINING | 449 Dundas Street West Belleville | HPPA | Food premise maintained in manner adversely affecting sanitary operation (lack of cleaning) | Unresolved | Sept. 28, 2021 | NA |
| RED'S DINER | 2223 Hamilton Road | ROA | Individual- fail to comply with a section 7.0.2 Order (failure to check proof of vaccination) | Unresolved | Sept. 29, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Sept. 29, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Sept. 30, 2021 | NA |
| SIGNAL BREWERY | 86 River Road Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Oct. 5., 2021 | NA |
| RED'S DINER | 2223 Hamilton Road | ROA | Individual- fail to comply with a section 7.0.2 Order (failure to check proof of vaccination) | Unresolved | Oct. 6., 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure of staff to wear PPE) | Unresolved | Oct. 18, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to distance tables) | Unresolved | Oct. 18, 2021 | NA |
| WILD WINGS | 366 North Front Street Belleville | ROA | Corporation- fail to comply with a section 7.0.2 Order (failure to collect contact information of patrons) | Unresolved | Oct. 18, 2021 | NA |

| FACILITY NAME | ADDRESS | STATUTE | OFFENCE | STATUS | OFFENCE DATE | RESOLUTION DATE |
|-------------------------|---------------------------|----------------|--|---------------|---------------------|------------------------|
| INDIVIDUAL | 375 Main Street Picton | ROA | Individual- fail to comply with a section 7.0.2 Order (enter facility with incomplete proof of vaccination) | Unresolved | Nov. 5, 2021 | NA |
| GUS'S RESTAURANT | 189 Main Street Picton | ROA | Corporation- fail to comply with a section 7.0.2 Order (no safety plan, failure to check proof of vaccination) | Unresolved | Nov. 18, 2021 | NA |
| GUS'S RESTAURANT | 189 Main Street Picton | HPPA | Fail to ensure completion of food handling training by food handler or supervisor | Unresolved | Nov. 18, 2021 | NA |
| GUS'S RESTAURANT | 189 Main Street Picton | HPPA | Store potentially hazardous foods at internal temperature between 4°C and 60°C | Unresolved | Nov. 18, 2021 | NA |
| GUS'S RESTAURANT | 189 Main Street Picton | HPPA | Fail to protect food from contamination or adulteration | Unresolved | Nov. 18, 2021 | NA |

Drinking Water Advisories

In the event an unsafe drinking water condition exists at a premise in our region regulated under Ontario Regulation 319/08 (Small Drinking Water Systems) our office will respond with either a Drinking Water Advisory (DWA) or a Boil Water Advisory (BWA). This advisory will remain in place until the necessary corrective action(s) have been completed and verified.

| NAME OF PREMISES | ADDRESS | ADVERSE EVENT | DATE ADVISORY ISSUED | DATE ADVISORY LIFTED |
|---|--|----------------------|-----------------------------|-----------------------------|
| Carlton Cove Seasonal RV Park | 61 A-B Carlton Cove, Foxboro, ON | BWA | May 29, 2021 | July 15, 2021 |
| Pleasant Bay Family Camp | 394 Cty. Rd. 27, Consecon, ON | BWA | June 3, 2021 | June 9, 2021 |
| Sandbanks Provincial Park – A Campground Well Supply | Cty. Rd. 12, Unit 3004, Picton, ON | BWA | July 23, 2021 | |
| Log Cain Cottage Resort | 146 Outlet Rd., Cherry Valley, ON | BWA | June 24, 2021 | Aug. 5, 2021 |
| North Beach Provincial Park Main Pumphouse | 440 Cty. Rd. 27, Consecon, ON | BWA | July 28, 2021 | Sept. 10, 2021 |
| Grills Orchard | 886 Grills Rd., Belleville, ON | BWA | July 29, 2021 | Aug. 17, 2021 |
| Community Living Belleville & Area – Leuty House (Reg. 170) | 5103 Hwy. 2, Belleville, ON | BWA | Aug. 18, 2021 | Aug. 24, 2021 |
| Sandview RV Park | 1991 Cty. Rd. 12, Picton, ON | BWA | Sept. 2, 2021 | Sept. 15, 2021 |
| County Cider Company Inc. (Migrant Farms) | 641 Bongard’s Crossroad, Picton, ON | BWA | Oct. 15, 2021 | Ongoing |
| Waupoos Estates Winery (Restaurant/Clafeld Market & Cider/ Clafeld Inn/Migrant Farms Acco.) | 3016 Cty Rd., 3013 Cty. Rd. & 3041 Cty Rd., Prince Edward County, ON | BWA | Oct. 15, 2021 | Oct. 20, 2021 |



Main Office – Belleville

179 North Park Street, Belleville, ON K8P 4P1

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TTY: 711 or 1-800-267-6511

hpePublicHealth.ca

2022

Board of Health Proposed Meeting Schedule

It is being proposed that the Board meetings will continue to be held the **first Wednesday of each month** as shown below. If required, the Board Chair can call a special meeting.

Board meetings will commence at 9:30 a.m. and are held in person at 179 North Park Street, Belleville unless otherwise noted.

If noted on the agenda, closed sessions will be the first order of business.

If you are not able to attend a meeting please send ‘regrets only’ to Catherine Lovell, Executive Assistant at clovell@hpeph.ca or call 613-966-5500 ext 231.

1. February 2
2. March 2
3. May 4
4. June 1
5. September 7
6. October 5
7. December 7

Committee Meetings

Committee meetings will be held on the **third Wednesday of the month**, where possible or as noted below, at **1:00 pm – 2:30 pm**, unless otherwise announced.

It is the responsibility of the appointed committee member to notify and arrange for his/her alternate to attend scheduled committee meetings, should you be unable to attend.

Governance Committee

March 30, 2022
June 29, 2022
October 19, 2022

Finance Committee

February 16, 2022
April 20, 2022
September 21, 2022
November 16, 2022

North Hastings

1P Manor Ln., L1-024, P.O. Box 99, 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 – December 1, 2021**

1. Simcoe Muskoka District Health Unit - Letter to C. Elliott re one-time COVID-19 extraordinary costs dated October 21, 2021
2. Huron Perth Public Health - Letter to C. Elliott re mandatory vaccination for all staff working and caring for vulnerable clients dated October 19, 2021
3. Memorandum from Ministry of Health re provision of French language services by Board of Health dated October 28, 2021
4. North Bay Parry Sound District Health Unit - Letter to C. Elliott re Public Health funding for 2022 dated November 1, 2021
5. Grey Bruce Health Unit - Letter to C. Elliott re financial support for a local board of health dated October 13, 2021
6. Peterborough Public Health - letter to C. Elliott re support for local boards of health dated November 5, 2021
7. Windsor-Essex County Health Unit - Letter to C. Elliott and D. Ford re request for increase in base funding for mandatory programs dated November 4, 2021
8. Algoma Public Health - Letter to C. Elliott re request for annualized IPAC Hub funding and increase in provincial base funding for local public health dated November 16, 2021
9. Haliburton, Kawartha, Pine Ridge District Health Unit - Letter to C. Elliott and Dr. Salaba re restoring vision services for vulnerable Ontarians dated November 18, 2021.
10. Windsor-Essex County Health Unit - Letter to C. Elliott re COVID-19 Vaccine and the immunization of School Pupils Act dated November 23, 2021