












Medical Officer of Health: Report to The Board of Health

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Medical Officer of Health Update

COVID-19 Update

As anticipated, COVID-19 continues to spread throughout the world (32 countries-February 24, 2020-World Health Organization) and will likely be officially declared a pandemic soon, which many consider it already to be one.

As of February 24, 2020, there are 11 cases in Canada and no deaths. The risk to Canadians still remains low. COVID-19 (also referred to as SARS-CoV-2), while related to SARS-CoV (both coronaviruses), is behaving more like the common influenza virus. Emerging evidence suggests that, similar to the flu, people can be infected with COVID-19 and pass it along to others two days before they show symptoms themselves or never develop symptoms at all. This is important for several reasons.

Containing the spread of the virus is unlikely. This should not be interpreted as a failure of the containment strategies employed so far. These strategies have been successful in slowing the spread of the disease while important diagnostic tests were developed and the procurement of a vaccine is undertaken.

Passing the virus to others when you don't even know you have it means that personal preventative measures to protect ourselves and one another, similar to the flu, will gain more importance while a vaccine is developed. Washing your hands frequently, using hand sanitizer, not touching your face, coughing and sneezing into your sleeve, staying home from work when ill will all help to limit the spread and keep people healthy.

Since many people may have the disease and not know it, they are not being tested for it. This is important because it means that the death rate is likely much lower than is currently being reported at around 1% outside of China. Those most at risk are older people with chronic diseases (e.g. heart, lung, kidney, diabetes, cancer. etc.). This is similar to what we experience with the seasonal influenza virus. It is also important to keep in mind that the vast majority of the cases, currently estimated at over 80%, and likely higher, are mild or without symptoms. This too, is not unlike the seasonal flu.

All of this is not to downplay the seriousness of the disease as it spreads but to maintain an objective perspective based on what the emerging data and research is indicating. It is this evolving evidence-based knowledge that should inform all present and future decisions pertaining to the management of COVID-19 as this new virus will likely be circulating throughout the world for months to come.

Association of Local Public Health Agencies (ALPHA) Conference

On February 20 and 21, ALPHA convened their annual winter symposium and section meetings (Boards of Health and Medical Officers of Health) in Toronto.

The morning session consisted of a leadership, collaboration, and change management workshop. Discussions pertained to skills and tools required for effective collaboration and provided an opportunity to develop those professional skills to capably implement change. Topics included

workplace tensions during times of great change and uncertainty, managing relationships, embracing change and innovation, and preserving tradition and stability.

The afternoon guest speaker focused on cyber security from a public health and municipal perspective. Key issues were highlighted and actions that can be taken to ensure information is secure and risks are mitigated. One of the take-home messages was that, while cyber security systems are important for organizations to have, equally important is to educate the end-users or employees to “think before you click”. Staff awareness and engagement is essential. Listen to your instincts. You know if something doesn’t feel right. It is critical to create a human firewall for your organization to combat cybercriminals.

Public Health Modernization Update

The afternoon session concluded with an update on Public Health Modernization from Mr. Jim Pine (Special Advisor Public Health Modernization) and Ms. Alison Blair (Assistant Deputy Minister for Emergency Health Services and Executive Lead for Public Health Modernization). They indicated that due to the COVID-19 outbreak, the consultations are delayed. It is anticipated they will likely conclude by the end of March or perhaps early April. They have approximately seven more sessions to follow. They have been keeping the government apprised of what they are hearing as the consultations continue. Some themes have emerged and include, but are not limited to, the following:

- There is a genuine consensus that the consultation process is genuine and there are no foregone conclusions or pre-determined recommendations
- Change should be informed by evidence
- Mergers should be predicated on improving capacity and strengthen the delivery of public health programs and services and funded appropriately
- Public health system stability must be maintained during transition
- Don’t fix what isn’t broken
- One size does not fit all
- Public health should remain financially and administratively separate from the acute care system and engage collaboratively with Ontario Health Teams
- Public health delivery of programs and services should remain local and have the ability to address local needs
- Boards of health/medical officers of health retain local decision-making authority and autonomy
- Municipalities will have critical issues with the new public health funding formula and projected increases, especially in the north
- Public Health Ontario is a valued source of expertise and knowledge and relied upon by local public health units
- Indigenous and Francophone population needs must be addressed and especially in the north
- Ending “Hallway Medicine” will never be achieved without investing in preventative public health measures

Following the alPHa Public Health Modernization update, the north east medical officers of health were invited to meet with Mr. Pine and Colleen Kiel (Director of Strategy and Planning, Ministry of Health) to

further discuss modernization issues pertaining to our collective district. The purpose of the session was not to arrive at specific recommendations for the northeast but to have productive dialogue on possible collaborative efforts and exploring differing perspectives and rationales. Mr. Pine expressed an interest in meeting with us again in the near future to continue the conversation and explore promising opportunities.

Programs and Services Updates

Corporate Services

Building and Maintenance

Building and Maintenance addressed the following:

- Obtained quotes for air conditioning solution in Vaccine Room (North Bay).
- Commissioned new vaccine fridge (North Bay).
- Installed new shelf solution for Reception ABC intake desks (North Bay).
- Carpet cleaning has begun for the whole building (North Bay).
- Participating with the Seniors Oral Health Infrastructure Requirements Project for both North Bay and Parry Sound.
- Facilitated lighting upgrade made possible by the landlord (Parry Sound).

Communications

Media Relations

Throughout January and early February, the North Bay Parry Sound District Health Unit (Health Unit) issued a news release on the installation of the Community Sharps Bin in West Nipissing, and also the launch of the Parenting Campaign in Parry Sound and North Bay. Communications saw a number of media requests on the Community Sharps Bin, Coronavirus, and Influenza.

Brand Refresh

The Health Unit's 2016-2018 Strategic Communications Plan identified that the Health Unit was in need of a brand refresh. In early 2019, after settling into 345 Oak Street location, Communications and a group of staff took part in brand consultation with a chosen vendor to help determine the look and feel, however, in April 2019, with the release of the provincial budget, plans for a brand refresh were rerouted. In January 2020, we launched some exciting new brand elements (to accompany our existing logo) that will bring consistency and visibility to our programs and services.

Coronavirus (COVID-19)

Communications has been engaged with the coronavirus response including updating and maintaining the intranet and website with required information. Communications is also attending bi-weekly communications-focused teleconferences hosted by the Ministry of Health (Ministry).

Emergency Management

Manage/coordinate Health Unit emergency response activities:

- Emergency Management is monitoring the COVID-19 Public Health Emergency of International Concern. The Manager, Emergency Management has been attending provincial conference calls, monitoring the situation locally, provincially, nationally, and internationally. Health Unit emergency management plans and systems have been reviewed to ensure the Health Unit is prepared to deal with individual(s) who may have contracted the virus.

Review and revise the Emergency Management, Continuity of Operations, and Disaster Response Plans:

- Revision of the Continuity of Operations Plan continues. Phase 3 of the project, which is the development of Recovery Strategies for Priority 1 activities, is almost complete. Once completed, the plan will be posted on the intranet.
- The Emergency Management Plan has been reviewed and revised to ensure the Health Unit is prepared to respond should the COVID-19 infection present locally.

Emergency Management training and exercises:

- The Emergency Preparedness Committee has begun making plans for Emergency Preparedness Week in May 2020. Awareness activities and training opportunities will be occurring during the first week of May.
- On February 4, Emergency Management facilitated a guided discussion with the executive team to review the Health Unit's Emergency Management Plan. The short session provided the opportunity to review roles and responsibilities within the Incident Management System in the context of a potential response to an infectious disease outbreak.
- Staff are continuing to review the Code of the Month. Each month staff are required to review one or two of the internal disaster response codes and complete an online learning module. This activity will help the staff be prepared to respond should an emergency occur at one of our facilities.

Information Technology

Address technology issues, manage network infrastructure for capacity and security.

- Server upgrade/migration for PSS (Sexual Health).
- Migration from Skype for Business to Microsoft Teams has begun.
- Server upgrade for Hedgehog 5.3.6 (Environmental Health).
- Dexis upgrade for Pan and X-ray computer (Oral Health).
- Updated Board of Health tablets software and antivirus.
- Preparing laptops for deployment for Human Resources, Planning and Evaluation, and program managers.

Planning and Evaluation



Population Health Assessment and Surveillance

Ontario Student Drug Use & Health Survey (OSDUHS): The Health Unit is working with Centre for Addiction and Mental Health (CAMH) and several other health units to acquire an oversample of the survey in the 2020/2021 school year for elementary and secondary English and French schools in our Health Unit region. Without this oversample the Health Unit would not be able to analyze and report survey findings at a Health Unit regional level. The paid agreement with CAMH also gives us the option of including five additional questions of relevance to public health units. Selection of these additional questions has occurred through January with other participating health units. Data acquired from this oversample will enable the Health Unit to compare access and use of cannabis in youth pre- and post-legalization, as well other important health behaviour and perceived health status information.

West Parry Sound Grand Rounds: On January 10, our epidemiologists presented on *Health Inequality in West Parry Sound* at the West Parry Sound Health Centre. The interactive presentation was very well received by those in attendance, and a subsequent presentation has been requested.

Health Equity:

Safer and Positive Spaces: Four '[Gender Diverse & Primary Care](#)' training sessions have been scheduled for March/April 2020. These trainings are being facilitated by Rainbow Health Ontario – a provincial program designed to improve access to services and to promote the health of Ontario's lesbian, gay, bisexual, trans, queer, and two-spirit (LGBTQ2S+) communities. The goal of these trainings is to assist health care and social service providers in Northeastern Ontario in their understanding of the health care needs and barriers faced by LGBTQ2S+ persons, and to improve their skills in providing equitable and comprehensive services to trans communities.

Urban Health Outreach: Abstracts relating to this project were submitted and accepted for presentation at The Public Health Ontario Convention (March 2020), and the Canadian Public Health Association Public Health 2020 Conference (April 2020).

Effective Public Health Practice

Knowledge Broker Mentoring Program: The Health Unit's participation in the [Knowledge Broker Mentoring Program](#) with the National Collaborating Centre for Methods and Tools (NCCMT) commenced February 10. The purpose of the program is to develop organizational capacity for evidence-informed decision making (EIDM) and build the individual capacity of selected staff to function as "internal" Knowledge Brokers or mentors in EIDM practice. The program commenced in January with an organizational assessment of EIDM conducted by the NCCMT. Eleven staff from multiple programs and disciplines are participating in the program for 12 months, and will be supported by NCCMT for an additional 6 months. A follow-up organizational assessment will be completed at the end of the program to assess whether there has been a change in EIDM capacity.

Quality Assurance

Policies and Procedures

From January 1 to February 11, 2020, 36 documents were issued, 21 were eliminated, and 2 new documents were created.

Quality Issue Reports (QIR)

In January 2020, 8 QIRs were completed (closed), 3 at level 0 (near miss), 4 at level 1 (incident did occur but no harm, loss, or damage), 1 at level 2 (temporary or minor harm, loss, or damage).

Clinical Services

Communicable Disease Control

Since the emergence of novel coronavirus (COVID-19) in China, the Communicable Disease Control (CDC) program has been closely monitoring this rapidly evolving situation. We have had regular communication with our partners in the Ministry and Public Health Ontario. Locally, we have maintained strong relationships with healthcare providers who we continue to keep up to date with information that pertains to their specific area of practice (family physician, long-term care homes, first responders, etc.).

The CDC program has been working with the public and its partners in the primary health care system to monitor, detect, and if needed, to manage and monitor cases of novel coronavirus (COVID-19). We have also been working closely with the Infection Prevention and Control professionals at each of our four local hospitals to ensure that all parties are prepared should the situation escalate. We designed our Emergency Management Plan to respond to public health hazards and communicable diseases. This plan will be scaled-up as appropriate to the nature and scope of the event. CDC staff are available at all hours to support healthcare providers. Our CDC staff are engaged, proactive, and quick to provide a public health perspective to this evolving epidemic. The immediate health risk remains low for the communities in our Health Unit region.

Oral Health and Vision Screening

The Health Unit dental clinic seeks to improve access to dental services by providing a continuum of oral health care including preventive services, treatment, and follow-up to; eligible children 0-17 of years who meet the criteria for the Healthy Smiles Ontario program; adults in receipt of Ontario Works, Ontario Disability Support Program, Indigenous individuals with Non-Insured Health Benefits, or meet the Health Unit financial eligibility criteria; and seniors who meet the eligibility requirements of the new Ontario Seniors Dental Care Program.

Oral health is an important part of the health care system since poor oral health is linked to serious health conditions such as respiratory infections, heart disease and stroke, diabetes, poor nutrition, osteoporosis, and rheumatoid arthritis. Furthermore, the impacts of poor oral health extend beyond medical concerns and can affect learning potential, employability, work attendance and performance, self-esteem, and social relationships.

Healthy Smiles Ontario: In 2019, 3,160 children had an oral health screening across our district. Report cards were sent home to 3,297 children who were absent the day of the screening, had non-urgent areas of decay, and/or might qualify for preventive services at the Health Unit. Appointments for 2,561 children were scheduled at our Health Unit dental clinic.

Adult Clinic: in 2019, 1,616 adults were treated our Health Unit dental clinic. Of these clients, 60.6% presented with pain; 72.8% presented with ≥ 1 area of untreated tooth decay and 25.2% presented with a dental abscess. In addition, 41.2% had moderate periodontal disease and 21.6% had severe periodontal disease.

Seniors Clinic: This newly funded service was announced by the Government of Ontario in 2019. The Ministry estimates that approximately 1,494 seniors will qualify for the seniors program within the Health Unit area. We have received funding for a new operatory, with plans to begin renovations very soon. While we have been able to secure a registered dental hygienist and a certified dental assistant for this program, we continue to seek a dentist to join our team. While we continue this search, we have started to develop relationships with dentists who are interested in assisting to partner with us to provide oral health services to seniors throughout our district.

Sexual Health and Clinical Information

In 2019, the Health Unit's Sexual Health program collaborated with the Aids Committee of North Bay & Area (ACNBA) to offer rapid Human Immunodeficiency Virus (HIV) testing. Approximately 55 people received HIV testing by a public health nurse in outreach and community settings throughout the North Bay Parry Sound district. The goal of this initiative was to increase awareness of an individual's HIV status in order to facilitate prompt access to treatment, reduce the risks of unknowingly transmitting HIV to others, and to take the opportunity to share information and offer client education about safer sex and drug use practices. Other Sexual Health clinical services were promoted during the community and outreach testing clinics.

The initiative reached individuals who had not previously been tested for HIV, or had not been tested in the past year. A high proportion of the individuals tested reported engaging in HIV-risk practices in the past 12 months. This suggests an ongoing need for HIV testing and client education for the promotion of safer sex and drug use practices in various community settings.

Vaccine Preventable Diseases

Under the Immunization of School Pupils Act (ISPA), each year the Vaccine Preventable Diseases (VPD) program is required to complete an annual assessment of the immunization records of all children between the ages of 4 and 17 years of age who are registered to attend school in our district. The purpose of this review is to confirm compliance with the immunization requirements designated under the legislation. Historically, the annual assessment of immunization records for school-aged children has been viewed by parents as a negative process.

In June 2019, the VPD team made a decision to pilot a reminder strategy for parents during the summer months. The goal of this approach was to have parents proactively report their child's immunization

information or update their immunizations without the threat of having their children suspended from school. A report was run in Panorama¹, the provincial immunization registry to identify children who would be due for mandatory immunizations as defined within the ISPA on or before December 31, 2019. A letter was sent to each family, reminding them that their child was due for immunizations and providing them with options for receiving the vaccines. Also included was a reminder for parents to provide the Health Unit with information regarding any immunizations their children may have received at their health care providers' office.

This initiative proved to be very successful. There was an increase in school-aged children presenting to the Health Unit during the summer and early fall and a decrease in the number of requests for missing information as part of VPD's annual assessment process this year.

Due to the success of this strategy, the VPD team will be adopting this gentle reminder approach on an annual basis during the summer months.

Community Services

Environmental Health

Enforcement

To date, public health inspectors have conducted one closure order under Section 13 of the *Health Protection and Promotion Act* (HPPA) for non-compliance issues. Two closure orders were issued under section 13 of the HPPA to a facility operator as the swimming pool was in violation of the Ontario Regulation (O. Reg. 494/17). Facilities were re-opened after complying with the regulation. Two owners/operators of two small drinking water systems were served certificates of offense (Part I) for not complying with the Ontario Regulation (O. Reg. 319/08) – failing to sample water according to their respective stated directives. A dog owner was charged (ticket fine) for failing to vaccinate the dog after several reminders.

Tobacco enforcements have conducted warnings at hospitals and have laid one charge (fine/ticket) for smoking in the workplace. Students smoking in school washrooms remains a challenge within the Health Unit district and throughout the province. We continue to work with school officials, parents, and students providing progressive enforcement, meaning educating, warnings, and laying charges where required.

Ministry Regulation Amendments

The Ministry undertook some amendments to some regulations which became effective this year, 2020. Regulation 50/16, under the *Health Menu Choice Act, 2017* (HMCA), is one of them. The aim is to support the efforts of owners or operators of regulated food service premises to comply with the HMCA and ensure implementation and enforcement is consistent across the province. Public health inspectors who are designated to enforce this regulation are required to undergo training to update their

¹ Panorama is the public health interface to the Digital Health Immunization Repository providing secure, real-time access to immunization information for authorized public health unit and provincial pharmaceutical staff.

knowledge through the Ministry's webinar. To date, the Ministry has appointed three more public health inspectors in our Health Unit after they fulfilled the requirement.

The stated amendment which includes the O. Reg 136/18 – Personal Service Settings; effective January 1, 2020, operators of personal service settings that only provide hairdressing or barbering services are not required to collect the name and contact information of the person seeking the service. However, in the event of accidental exposure, operators are still required to collect this information. Another amendment to this regulation is that operators of personal service settings that only provide hairdressing or barbering services and can reprocess reusable equipment before the beginning and after the end of each business day are not required to have a dedicated sink for reprocessing reusable equipment. However, they are still required to have a dedicated sink for hand washing. Public health inspectors assigned to these facilities attended Ministry webinar training to update their knowledge on these changes.

Amendments to Food Premises (O. Reg. 493/17) include no requirement for the:

- Specified hand-wash stations in a food premise in low-risk food premises. However, there is still a regulatory requirement for food premise operators to ensure that food handlers wash their hands as often as necessary to prevent the contamination of food or food areas.
- Two-compartment sink or three-compartment sink and/or a commercial mechanical dishwasher.
- Certified food handler or supervisor on the premises

The Ontario Regulation *Smoke-Free Ontario Act, 2017* (SFOA) was amended in 2019 to include E-cigarette (vaping). As of January 1, 2020, tobacco retailers can no longer conduct promotion or display of E-Cigarettes at their stores other than vape stores.

Healthy Families

Ontario Dietitians in Public Health (ODPH) is the independent and official voice of Registered Dietitians working in Ontario's public health system. ODPH members apply evidence-informed nutrition information to enable healthy eating at every stage of life; advocate for and provide support to the creation of food policies and healthier eating environments; and implement and evaluate nutrition programs to improve the health of Ontario residents.

Public health dietitians from Health Unit have collaborated with ODPH to launch a Menu Planning and Supportive Environments Child Care Survey. This survey is collecting information from child care settings in Ontario to understand the menu planning needs and to better support child care centres to offer healthy foods and beverages. The electronically available survey will close on February 21, 2020. NBPSDHU presently supports healthy eating in child care centers with quarterly nutrition newsletters; menu review and support; and connection with resources consistent with the Early Years Act Nutrition Standards.

Health Living

Monitoring Food Affordability

As part of the ongoing role of public health to collect and monitor information related to food security and healthy eating, Healthy Living continues to cost the Nutritious Food Basket on an annual basis. In 2019, the cost of healthy eating for a family of four was \$936 per month. Building on the 2018 [1 in 7](#) campaign, Healthy Living and Communications have worked with a graphic designer to create a 15 second video for social media with the same content, look, and themes as the poster developed last year. The [2019 Cost of Healthy Eating Report](#) and social media campaign will be launched at the end of February.

In addition, Healthy Living is working with community partners, as part of a [Nipissing Area Food Roundtable](#) initiative, to engage people with lived experience with food insecurity in a peer-led community project to raise awareness about what it is like to live with food insecurity in our area. The project will culminate in the fall of 2020, and integrate in the 2020 cost of healthy eating information with the local stories from the project.

Healthy Schools

Physical and Health Education (PHE) Canada National Conference

In the fall of 2018 and 2019, public health dietitians for Healthy Schools and Healthy Families collaborated with Nipissing University's Schulich School of Education to offer Food Literacy Training Sessions for teacher candidates. So far we have offered seven training sessions and reached 160 teacher candidates.

The sessions covered the importance of food literacy, curriculum, links to other subject areas, how to create a healthy eating environment at school, and age-appropriate food skills. We also provided tips for teaching food literacy to kids and demonstrated how to teach knife skills safely. The teacher candidates then had the opportunity to practice their knife skills while making three no-cook recipes. The goal was for participants to walk away feeling more comfortable and confident teaching food literacy skills to children.

In April 2020, the Nipissing University Lecturer and the public health dietitian from the Healthy Schools program will be presenting this Food Literacy Training Session at the PHE Canada National Conference.

Human Resources

Employee & Labour Relations

The Joint OPSEU/ONA/Management Committee meeting that was scheduled for January 22, 2020, was rescheduled to February 26, 2020.

Occupational Health and Safety

The Public Health Nurse, Occupational Health, has been working in collaboration with Communicable Disease Control, Emergency Management, and Communications to mitigate occupational risk related to

Novel Coronavirus (COVID-19) should a case of COVID-19 be reported in our jurisdiction. This includes implementing passive screening stations in Health Unit offices, assessing current stock of personal protective equipment, and reminding staff about reducing their risk to respiratory infections.

Staffing

The following temporary position was recently filled. This vacancy was created because of an internal transfer:

- Public Health Nurse, Sexual Health and Clinical Information (1.00 FTE) effective February 17, 2020 until December 11, 2020

The following permanent position was recently filled. This position was created because of a resignation.

- Public Health Nurse, Healthy Families and Sexual Health (0.80 FTE) effective February 10, 2020

The recruitment of a Community Health Promoter and a Program Administrative Assistant is currently underway. We continue our efforts to recruit a Nursing Practice Manager, (2) Program Administrative Assistants, a Certified Dental Assistant – Level II, a Clinic Dentist, a Public Health Nurse, and a Human Resources Assistant.

There has been no net increase in permanent positions.

Approved by

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