

Medical Officer of Health: Report to The Board of Health

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Medical Officer of Health Update

COVID-19 Update

As of June 11, 2021, the province entered Step One of the reopening process based on ongoing progress of province-wide vaccination rates and improvements of key public health and health care indicators.

Guiding principles

Step One: An initial focus on resuming outdoor activities with smaller crowds where the risk of transmission is lower, and permitting limited indoor settings with restrictions.

Step Two: Further expanding outdoor activities and resuming limited indoor services with small numbers of people and with face coverings being worn.

Step Three: Expanding access to indoor settings, with restrictions, including where there are larger numbers of people and where face coverings cannot always be worn.

Moving through the steps

The province will remain at each step for at least 21 days to evaluate any impacts on key public health and health system indicators. It can take up to two weeks for COVID-19 vaccinations to offer protection against the virus.

Provincially, as of June 17, COVID-19 cases, deaths, hospitalizations, ventilated patients, reproductive number, and % positivity rate all continue to decline to levels that have not been seen since last year. The full impact of Step One loosened restrictions is not fully known yet as there is a delay of approximately two to three weeks. At that time, progression to Step Two will be determined.

Locally, while our case rate of 375 per 100,000 remains the 2nd lowest in the province, the trend has been upwards. Viral spread has been a result of a combination of factors over the last seven days. They include close contact of a positive case (39%), workplace or institutional outbreaks (36%), community spread (no known contact) (21%), and under investigation (3%). The majority of these cases (76%) are between the ages of 20 and 59 years old.

The Delta variant, which is more easily transmissible, accounts for approximately 30% of cases in Ontario. While the province is experiencing fewer cases overall, some health unit regions have seen significant increases due to the Delta variant. For this reason, it is important to continue close surveillance and move through the reopening steps slowly and cautiously in order to avoid a resurgence while we get more people vaccinated.

Immunization



Immunizations continue throughout our district with mass immunization clinics, primary care and pharmacies all contributing to the effort. As of June 17, 72% of adults within our district have received at least one dose and approximately 16% have received two doses.

Locally, the Health Unit has been predominantly providing Pfizer vaccine and Moderna to a much lesser extent. More vaccine is anticipated to become available shortly.

Programs and Services Updates

Corporate Services

Building and Maintenance

Building and Maintenance has:

- Reconfigured furniture in Oral Health to accommodate having all program staff housed within their program area.
- Conducted fire alarm annual maintenance (North Bay).
- Conducted spring HVAC maintenance for (North Bay).
- Secured garden/lawn maintenance agreement for the season (North Bay).
- Secured onsite storage to house COVID-19 vaccine supplies (North Bay).
- Secured offsite storage to house extra furniture. (North Bay).
- Facilitated obtaining quotes for ergonomic solutions for Oral Health (North Bay).
- Transported supplies to numerous COVID Vaccine clinics.
- Purchased two cargo trailers for storing and moving the hockey hub vaccine clinic dividers.
- Provided daily monitoring of PPE cleaning supplies for COVID-19 (sanitizer and disinfectant).

Communications

COVID-19 Support:

Over the last three months, Communications has worked to help reposition the public opinion of the Health Unit, resulting in a more positive public perception of the Health Unit and our pandemic work. The repositioning has taken place by implementing the following key strategies:

- Weekly press conferences.
- Timely and meaningful responses to social media comments and messages.
- Same-day media inquiry responses.
- Proactive, responsive, and captivating social media messaging.
- Easy to find website updates.
- French COVID-19 website content.

Communications continues to review and adapt strategies based on ever changing COVID-19 information, the local COVID-19 situation, and the needs of the public.

One Step Closer Campaign:

On May 25, 2021, the Health Unit launched the #OneStepCloser campaign. The COVID-19 vaccine rollout means that we are One Step Closer to returning to regular day-to-day activities. However, we understand that some individuals may be a little unsure about getting the COVID-19 vaccine. In an effort to normalize the vaccine within our district we turned to everyday people (business owners, managers, staff, parents, grandparents) to help share their story about what getting the COVID-19 vaccine is bringing them One Step Closer to. We had 36 people join the campaign, with representation from a

number of different populations across our district, including age, ethnicity, gender, geographic locations, socioeconomic status, etc. The campaign runs for seven weeks, and each week focuses on a new group of people.

Media Relations:

From March to May, the Health Unit issued 35 news releases and 24 public service announcements, of which the majority were pertaining to COVID-19 and the vaccination rollout.

Internal:

Communications has initiated a monthly live staff update through Teams which provides employees the opportunity to stay apprised of pandemic and organizational updates and to submit live questions answered by Executive Team members.

Emergency Preparedness

Manage/coordinate Health Unit emergency response activities:

- Work continues in support of COVID-19 response, primarily focused on Incident Management System (IMS), municipality liaisons, and support for immunization clinics.

Information Technology

Information Technology has:

- Implemented, configured, trained, and provided support related to the call centre
- Provided onsite vaccine clinic support.
- Provided desktop deployment for Call Center staff.
- Provided laptop and workstation deployments – to support working from home requirements.
- Provided application rollout training for the Call Center phone system.
- Provided ongoing support for Human Resources - new hire orientations.
- Provided ongoing support for Finance - asset management - working from home.
- Provided support for Oral Health Renovations - workstation setups.

Planning and Evaluation

Population Health Assessment and Surveillance

COVID-19 Surveillance:

An internal COVID-19 surveillance team continues to maintain several analytic systems to assist the Health Unit's response to the COVID-19 pandemic locally (e.g., daily public COVID-19 dashboard; weekly internal epidemiological summaries, internal dashboard, internal mapping, etc.). Analysis of data on an ad-hoc basis continues to inform Health Unit decision-making at the regional level. The team also plays a data quality role for case and contact management through data quality checks embedded into internal and external reporting.

Support continues for outbreak investigations as they occur, including analysis of high-risk contacts tested in relation to outbreaks and in creation of case definitions.

Support was provided in the investigation of the COVID-19 outbreak at the Skyline-Lancelot apartment building, including regular analysis and dissemination of descriptive epidemiological data and literature reviews. A case-control study in relation to this outbreak was developed and completed in March 2021,

with the support of an epidemiologist deployed by the Public Health Agency of Canada and with approval by the Health Unit's Research Ethics Review Committee. This study was conducted to better identify exposures associated with COVID-19 infection and to inform transmission dynamics of SARS-CoV-2 in the outbreak setting. A summary outbreak report outlining investigation results is in progress, in conjunction with the Communicable Disease Control, Environmental Health, and Communications programs.

Beginning in February 2021, wastewater (i.e., sewage) from the City of North Bay is sampled on a weekly basis in partnership with the City of North Bay and through the Ontario Wastewater Surveillance Initiative. The Health Unit monitors data and interpretation of trends disseminated weekly through partner organizations. Wastewater surveillance data is anticipated to become available to the Health Unit through a repository within the coming months to further enable analysis and monitoring, in conjunction with trends in confirmed cases.

COVID-19 Immunization:

Efforts continue internally and externally to ensure data quality processes and remediation processes are in place. Activities include the development of a daily vaccine administration reporting tool for health care providers and Health Unit clinics, verifying data quality in COVax¹, supporting continuous quality improvement of vaccine inventory procedures, and completing Ministry of Health (Ministry) reporting.

COVID-19 vaccination statistics, including doses administered and coverage (e.g., administration of at least one dose), are now analyzed and reported publicly, and internally by certain sociodemographic factors and priority groups. Adverse events following immunization (AEFI) statistics for COVID-19 vaccinations are reported internally on a weekly basis.

The surveillance team continues to support the planning of immunization clinics, specifically for second doses, as well as the quality assurance efforts related to vaccine inventory data through data analysis and modeling. Reports have been produced to highlight vaccination efforts for priority groups including youth aged 12-17, urban Indigenous adults and youth, long-term care home staff, and other priority populations.

In an effort to better understand who is accessing the COVID-19 vaccine and to inform outreach to populations with lower vaccination rates, the Health Unit is piloting the collection of sociodemographic information at time of clinic registration through COVax. Feedback from the pilot will be used to improve the process and eventually expand to all clinics throughout the district.

Overdose Reporting System:

Information collected through this system is sent to more than 150 community partners in weekly updates. This information is updated on our interactive dashboard found on our [website](#). The health unit also continues to collect data based on the increasing trends noted locally during the pandemic.

Ontario Student Drug Use & Health Survey (OSDUHS):

Led by the Centre for Addiction and Mental Health (CAMH), data collection is currently underway and runs until the end of June. Efforts were made to secure participation from all four school boards. Due to the ongoing challenges with the pandemic and virtual learning, recruitment of individual schools and uptake among students has been slow, and this has also been the experience of other participating

¹ COVax – the Provincial COVID-19 database

health units. Data acquired from this survey will enable the Health Unit to better understand mental health, substance use, and well-being indicators among youth.

COVID-19 Community Survey:

The COVID-19 Community Survey collected 1,855 responses across Nipissing and Parry Sound districts over six weeks. Data has been analyzed and presentations on the data to key partners has commenced. Data was recently presented to the Child and Youth Planning Table as well as at West Parry Sound Health Centre Grand Rounds. A presentation for Health Unit staff is scheduled for June 22 and an open community presentation will be scheduled for this summer. This data will continue to be shared in reports and presentations over the coming months.

Health Equity:

Safer and Positive Spaces:

- Internal resource developed to support use of gender inclusive language among staff working in Health Unit call centres and at COVID-19 vaccine clinics. Additional training provided on request.
- Monthly inclusive language challenges disseminated to all staff from April to October 2021 to challenge staff to take action on integrating pronouns and inclusive language into their respective roles and practice.
- Inclusive Washroom Procedure developed to ensure that individuals have the right to use the washroom that corresponds with their lived gender identity and/or gender expression, regardless of their sex assigned at birth; and to provide safe, inclusive, and barrier-free washrooms for all.
- Scan of community providers who participated in December 2020 virtual training session hosted by Rainbow Health Ontario on 'Transition-Related Hormones in Primary Care' to identify gaps in the provision of hormone therapy for trans, non-binary, and gender non-conforming patients in primary care in Northeastern Ontario. Results of this scan will be used to inform future community planning and conversations.

Equitable Decision-Making & Projects Related to COVID-19:

Health Equity Action Tool – COVID-19 (HEAT-C19) developed to support the facilitation of equitable decision-making in the context of the COVID-19 pandemic. This tool aims to support leadership and staff to identify groups impacted by inequities, understand the impact of a decision on social and structural inequities, mitigate the decision to decrease inequities, and mobilize outcomes of equity assessment. The HEAT-C19 has been used across multiple projects and programs since March 2021 to adapt existing or plan new initiatives and make decisions that reflect the strengths and needs of groups impacted by inequities in our community during the COVID-19 pandemic.

Equitable Vaccine Rollout:

Action has been taken in areas such as communications, booking systems, clinic logistics, clinic spaces, and staff training to develop supportive, community-responsive information related to the vaccine; use inclusive language in messaging related to COVID-19 immunizations; and make immunization clinic registration processes, spaces, and interactions welcoming, accessible, and inclusive. Working with community partners and leveraging their skills and relationships has also been important towards ensuring that we optimize opportunities to access.

Quality Assurance

Policies and Procedures

Totals for policies, procedures, and associated documents issued between January 1 and May 31, 2021, are: 392 documents issued, 390 documents eliminated, and 339 new documents assigned.

Quality Issue Reports (QIR)

Total QIRs completed (closed) between January 1 and May 31, 2021, are 28: 6 at level 0, 15 at level 1, and 7 at level 2.

Classifications are as follows: 18 impacting people (third party, personnel, or client), 6 related to organizational/professional standards, 1 related to resources, and 3 related to reputation.

Clinical Services

Communicable Disease Control

The COVID-19 pandemic continues to be the focus of the Communicable Disease Control (CDC) program. In recent months, the CDC program and the Case and Contact Management (CCM) support group have been completing case and contact management for our district; additionally the group has assisted in supporting case and contact management for Public Health Sudbury & Districts and Region of Peel Public Health. This collaborative effort strengthened our partnerships and built capacity within our own Health Unit.

Two positions were recently filled in the CDC team that are responsible for the delivery of the Infection Prevention and Control (IPAC) Hub program. They support the provision of IPAC knowledge, training and expertise, building on existing local partnerships with congregate living settings, which include long-term care homes, retirement homes, residential settings funded by the Ministry, residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing. Additionally, five students joined the CDC/CCM team for the summer providing tremendous support to the group, leading case and contact management, and supporting small projects within the team.

Nursing Practice

In relation to the needs of the COVID-19 Immunization Strategy, the Nursing Practice Manager has been redeployed as the Health Unit COVax Lead. COVax is the provincial database that has been created to manage bookings, manage inventory, and document COVID-19 vaccine doses in Ontario. This is a new program created by the Ministry to meet the demands of mass vaccinations province wide. Due to the large numbers of users, including community partners, required to download, learn, and use the program effectively in a short amount of time, this has been challenging. Initially the focus was to ensure that all internal staff were oriented to the new program; however, over the last few months the focus has shifted to ensure that our external partners in primary care are oriented to this new program and understand the processes for ordering, receiving, and administering the COVID-19 vaccine so they can contribute to the vaccination efforts across our district.

Oral Health

Oral Health continues to adapt to changes due to COVID-19. Staff continue to screen for COVID-19 symptoms at the time of appointment bookings and upon arrival to the Health Unit. Symptomatic patients are being rescheduled, unless emergency care is required.

Since March 1, 2021, the Oral Health program has provided 598 treatment appointments to clients enrolled in Healthy Smiles Ontario, Ontario Seniors Dental Care Program, and adult dental programs. These include dental services for urgent care and non-urgent areas of decay for children, adults, and seniors. Preventive dental services for children continue; however, hygiene services for adults and seniors are on hold as the registered dental hygienists are deployed to the COVID-19 response.

As the vaccine rollout continues, we look forward to returning to full program delivery.

Sexual Health

Clinical Information and Harm Reduction

Work is underway with our needle syringe program satellite sites to input their distribution data into a provincial harm reduction database called NEO. The goal of this database is to “implement a comprehensive harm reduction service management and reporting system that meets the needs of Harm Reduction Service Providers that are offered by and/or funded by Ontario Public Health Units and the AIDS and Hepatitis C programs”. This allows satellite sites to enter real-time information into NEO in order to help better project supply needs within the district. We currently have two satellite sites that are actively using NEO. Plans are underway to onboard the remainder of our needle syringe program satellite sites.

Sexual Health

We are happy to report that the Sexual Health program implemented the role of a public health nurse (PHN) specialist on the team in the fall of 2020. This new role allows for dedicated time and expertise to conduct surveillance activities, population health assessment, development of communication materials for health care professionals, and inform control measures as it relates to sexually transmitted infections and sexually transmitted blood-borne infections. The PHN specialist has developed and disseminated an internal sexually transmitted infection surveillance report to support surveillance activities within the Sexual Health program. Information in the report provides a baseline to compare infection counts over time, to identify priorities for further analysis of surveillance data, and as a reference to guide ongoing surveillance planning. Furthermore, surveillance data provides valuable information to the Sexual Health team to support general program planning, evaluation, and decision-making.

Vaccine Preventable Diseases

Priority areas for the Vaccine Preventable Diseases (VPD) team include COVID-19 mass immunization clinics and in-house routine immunization clinics. Several new temporary staff members have been hired to augment the compliment of public health nurses in the program. With the increase of community members receiving their COVID-19 vaccine, so too has there been an increase in reports of Adverse Events Following Immunization (AEFI's). These reports are being investigated and followed up in a timely fashion, in accordance with Ministry requirements, by a small team of nurses.

Each summer, VPD prepares for the upcoming influenza season by performing annual fridge inspections for any primary care providers who wish to participate in the annual influenza immunization program. This year, the Ministry has received applications for additional primary care providers and pharmacies who have also expressed interest in administering COVID-19 vaccine thereby requiring fridge inspections. To help with fridge inspections, VPD welcomed the assistance of two nursing students to the team.

The VPD team has been networking with our Amish community to ensure their COVID-19 education and immunization needs are met. In April, a team of public health nurses attended their community to provide education and administer first doses of COVID-19 vaccine to 20 community residents and those working in the community. We are currently determining the interest in returning to the community for second doses in late June, and for clinics targeting their 12-17 year olds.

Community Services

Environmental Health

Public health inspectors have been conducting surveillance inspections and enforcement of businesses to ensure compliance with public health measures and restrictions outlined within Ontario Regulations 82/20 under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* and Stay at Home Order (when it was in affect). Overall inspectors have observed a high level of compliance, with only two businesses issued Section 22 Orders after repeated non-compliance. A summary of enforcement activities are as follows:

Grounded Studio Inc.

- April 22, 2021, two Part 1 offence notices issued for failure to comply with a continued Section 7.0.2 Order contrary to *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 - Section 10(1)*, and obstruction of Provincial Offences Officer performing a duty in accordance with a continued Section 7.0.2 Order.
- April 22, 2021, a Section 22 Order under the *Health Promotion and Protection Act* was served to the two owners of the business to close their business due to continued non-compliance.
- May 19, 2021, both offence notices paid in full
- June 10, 2021, Section 22 Order rescinded.

Stewart's Decorating

- January 27, 2021, Part 1 offence notice issued for failure to comply with a Section 7.0.2 Order contrary to *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 - Section 10(1)*
- February 17, 2021, Part 1 offence notice issued for failure to comply with a Section 7.0.2 Order contrary to *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 - Section 10(1)*
- March 8, 2021, two Part 3 summons issued for failure to comply with a Section 7.0.2 Order contrary to *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 - Section 10(1)*, and obstruction of Provincial Offences Officer in the exercise/performance of duty conferred by continued Section 7.0.2 Order
- April 16, 2021, Part 3 summons issued for failure to comply with a Section 7.0.2 Order contrary to *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020 - Section 10(1)*

- April 17, 2021, Section 22 Order under the *Health Protection and Promotion Act* delivered for continued non-compliance
- April 28, 2021, Part 3 summons issued for failure to obey a Section 22 Order made under the *Health Protection and Promotion Act* R.S.O. Chapter H7
- May 20, 2021, two Part 3 summons issued for failure to comply with a Section 7.0.2 Order contrary to *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* - Section 10(1), and failure to obey a Section 22 Order made under the *Health Protection and Promotion Act* R.S.O. Chapter H7
- May 21, 2021, Superior Court of Justice Order issued restraining from further non-compliance with the Section 22 Order.
- June 10, 2021, Section 22 Order revised and issued to reflect changes to Ontario Regulation 82/20 in preparation for entering into Step One of the Province's Roadmap to Reopen.
- June 11, 2021, Superior Court of Justice Order stayed with Section 22 Order in effect.

In addition to supporting the COVID-19 response, Environmental Health staff are still conducting regular program activities with suitable adjustments. These include response to adverse water quality, private drinking water samples submission, tick submission and results interpretation, animal bite investigation, inspections of food premises, and health hazards complaints when allowed to open.

Healthy Families

Much of the regular Healthy Families programming continues to be on hold related to the COVID 19 f and their families

- Breastfeeding assessment and intervention via telephone and face-to-face in Clinics
- Healthy Babies Healthy Children high-risk home visiting program – delivered primarily by phone, with virtual and face-to-face options gradually resuming
- Positive parenting messaging
- Mental health promotion messaging
- Participation in ad hoc local/provincial tables with focus on supporting young families
- Data collection activities related to secondary impacts of COVID-19 of families and young children

Additional direct and indirect services will be gradually restored as staffing levels resume and public safety permits.

Experts in childhood well-being are forecasting both short- and long-term negative effects of the pandemic on mental health. Healthy Families planning for 2022 will prioritize activities to mitigate these effects and promote positive social and emotional outcomes for infants, children and their caregivers.

Healthy Living

The COVID-19 pandemic has exposed issues in housing safety and security across Canada (Public Health Agency of Canada, 2020). In the Health Unit region, homelessness has become increasingly visible and the homeless-serving sector in Nipissing district has been under extreme pressure.

In the report, *From Risk to Resilience: An Equity Approach to COVID-19*, the Chief Public Health Officer of Canada highlighted 'housing for all' as a high impact area for health equity action. Access to safe,

adequate, affordable housing is linked to mental and physical health. There are two initiatives currently supported by Healthy Living to improve social conditions for populations vulnerable to homelessness in Nipissing district.

Healthy Living is supporting the Nipissing District Homelessness and Housing Partnership (NDHHP) in applying a public health approach to homelessness prevention. This involves using a planning process that aims to reorient the community response to homelessness from reactive and emergency-driven to preventative. Canadian Observatory on Homelessness' Homelessness Prevention Framework is being used as a guide. The framework promotes a broadened understanding of evidence-based mechanisms and interventions that prevent homelessness, e.g. healthy public policies that address poverty, supports for parents, and programs to support youth. Currently, NDHHP member organizations are engaged in identifying community priorities for funding and collaborative action across a continuum of homelessness prevention.

In addition, Healthy Living is coordinating the NDHHP Anti-Stigma Work Group. An anti-stigma campaign on homelessness and intersecting stigma is being developed and will be launched in the fall of this year. The campaign elevates the voices of 'experts by experience', or people with lived experience of homelessness. In the campaign, experts by experience generously share their insights and personal experience with homelessness while promoting safe, inclusive communities where people are treated with dignity. The campaign will demonstrate links between housing, health, and well-being. It will promote the concept of 'housing for all' in which everyone has access to a home that is safe, adequate, and affordable.

Learn more about the prevention framework:

- Infographic: [A New Direction: A Framework for Homelessness Prevention](#) by Canadian Observatory on Homelessness
- Report: [A New Direction: A Framework for Homelessness Prevention](#) by Canadian Observatory on Homelessness

References:

Public Health Agency of Canada. (2020). From Risk to Resilience: An Equity Approach to COVID-19. Retrieved from: <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>

Healthy Schools

The Healthy Schools team has been supporting our schools and school boards throughout the provincial transition to virtual learning this spring, including safe accommodation planning for youth with special or high-risk needs to learn in person. With the complexities of virtual learning, school boards have also required support in planning year-end celebrations and material exchanges that align with the new guidance provided by the Ministry.

In the transition to summer, Healthy Schools has commenced as the organizational lead for summer camps, facilitating a multi-disciplinary internal working group to implement the staged reopening COVID-19 camp guidelines with a new website directed to support families and camp providers. The work to support childcares will be continuing without change.

In addition, the Healthy Schools team has been focused on the youth vaccine strategy in consultation with school boards, transportation providers and youth-focused service providers to ensure our COVID-19 vaccine team are able to service this age group in a youth-friendly manner. Our strategy has included a strong social media campaign dually aimed at families and youth.

Finance

In addition to COVID-19 responsibilities, Finance continues to respond to the Ministry requirements / requests for information. During the last two months, a number of requests from the Ministry relating to the submission for COVID-19 Immunization Strategy one-time funding and the Annual Service Plan submission have been addressed. The Annual Service Plan is now in the approval process with the Ministry.

Requests for information were also received related to settlement filings for 2017, 2018, and 2019. The first two years have now been settled.

The 2020 settlement is due by the end of June and is currently with the auditors for their sign-off. The annual charity return is also due by the end of June. That work is in progress and will be filed with the Canada Revenue Agency on time.

Finance is monitoring the Health Unit's cash flow carefully considering the Health Unit's payroll and resulting remittance have increased substantially to address the COVID-19 pandemic response. Negotiations with the bank to increase the Health Unit's credit facility, which would cover overdrafts, are underway. There is the potential to have to use the overdraft until one-time funding for the COVID-19 Immunization Strategy is received. Any interest costs incurred will be eligible for the Ministry COVID-19 funding.

The financial, payroll, and human resources software is in the process of being upgraded to a cloud-based system, which will allow the system to be more accessible for staff working from home. This upgrade will make it more secure from a continuity of operations perspective with it being accessed seamlessly from home, or from any location if our current location were ever to be compromised. Two members of the Finance team are leading this transition, which is expected to go live the last two weeks of September.

Human Resources

Compensation

Due to the temporary COVID-19 staffing needs, the number of employees paid has increased by approximately 75%, with an increase in total gross payroll of approximately 40% over the last six months. The addition of a full-time temporary management administrative support position and the deployment of the junior accountant one day per week from Finance was necessary to ensure our bi-weekly payroll needs are met.

Employee & Labour Relations

The next Joint OPSEU/ONA/Management Committee meeting is scheduled for June 18, 2021. Regular discussions continue with OPSEU and ONA as issues arise related to COVID-19. Both OPSEU and ONA have been very accommodating in helping us address issues that arise related to COVID-19, more specifically related to staffing vaccination clinics, call centres, and staff deployment.

Occupational Health and Safety

The focus of recruitment efforts has been on ensuring sufficient staff are available to work at vaccination clinics across the district.

To date, we have hired 84 casual nurses, 44 casual COVID-19 clinic assistants, 4 casual COVax assistants, 23 temporary full-time COVax assistants, 2 temporary clinic managers, 2 temporary Call Centre operators, 5 Communicable Disease Control students, and have recruited 32 volunteers for a total of 194 employees/volunteers, all working in either case and contact management, one of our three call centres and at vaccination clinics across our district.

We continue to hire more casual and temporary employees to work at vaccination clinics. Other temporary employees have also been hired to assist with our response to the pandemic in Human Resources, Communications, Case and Contact Management, and to backfill nurses assigned to School Health, and Infection Prevention and Control. Additionally, a number of staff have been deployed to work in the call centres, case and contact management, vaccination clinics, Communicable Disease Control program, Vaccine Preventable Diseases program, and Human Resources. We have also been fortunate to obtain help from our local physicians, paramedics, and nurses from our local hospitals.

Approved by

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