

Medical Officer of Health: Report to The Board of Health

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Contents

- Medical Officer of Health Update 2
 - COVID-19 Update 2
- Programs and Services Updates 5
 - Corporate Services 5
 - Building and Maintenance 5
 - Communications 5
 - Emergency Preparedness..... 5
 - Information Technology..... 5
 - Planning and Evaluation..... 6
 - Quality Assurance 6
 - Clinical Services 6
 - Communicable Disease Control 6
 - Nursing Practice 7
 - Oral Health 7
 - Sexual Health and Clinical Information..... 7
 - Vaccine Preventable Diseases..... 8
 - Community Services..... 8
 - Call Centre Reporting 8
 - Environmental Health 9
 - Healthy Families..... 11
 - Healthy Living..... 12
 - Healthy Schools..... 12
- Finance 13
- Human Resources 13
 - Compensation 13
 - Employee & Labour Relations..... 13
 - Occupational Health and Safety 13
 - Staffing 13

Medical Officer of Health Update

COVID-19 Update

Cases

On September 1, 2021, the Science Table predicted a substantial fourth wave for this fall due to the Delta variant, which currently comprises over 99% of the cases in Ontario. They also forecasted more severe outcomes likely relegated to the unvaccinated population as significant protection against hospitalization and death is afforded through immunization. This has come to fruition, as there has been a concomitant increase in the number of hospitalizations and intensive care unit (ICU) admissions provincially over the last several weeks, as projected, and predominantly in unvaccinated individuals. While the number of cases and hospital admissions has increased, they have remained relatively stable across the province. The health care system has not been overwhelmed to date. In part, this may be due to the increasing number of fully immunized individuals and continued public health measures.

Locally, district cases have seen an increase but not substantially. The Health Unit remains the second lowest of health units in cumulative case rate per 100,000 population throughout the province. As of September 21, 2021, there have been 738 cases with 13 active cases and 8 deaths. There is one COVID-19 patient admitted to hospital within the Health Unit region. There are no current outbreaks. While there is community spread (source of infection unknown), most of the cases have been due to close contact of a confirmed case.

Age Cohorts

Over the last two weeks there has been a concerning increase in the number of cases in the 5- to 11-year-old cohort throughout Ontario due to ineligibility for immunization. For the first time this age group has surpassed the 20- to 39-year-olds with respect to cases per 100,000 at 57/100,000 and 47/100,000 respectively. This underscores the imperative to protect this age group by immunizing those around them, keeping community spread low, and adhering to public health measures.

Schools

The much anticipated and important return to school with in-person learning and extra-curricular activities has begun. While our Health Unit district has seen COVID-19 cases in school-aged children since the beginning of school reopening, there have not been any outbreaks locally. Most of these cases occurred because of close contact of a confirmed case outside of the school setting. Provincially, there have been two elementary school outbreaks to date. The Health Unit is working closely with all school boards to support the reopening of schools and lowering the risk of transmission as much as possible.

More cases in school-aged children are anticipated and planning for the prospect of outbreaks within schools has taken place. The Health Unit, in conjunction with school boards, will closely monitor the situation. As the fourth wave of the Delta variant evolves, public health recommendations will reflect new developments and scientific evidence.

Vaccination Certificates

In an effort to reduce transmission of the virus in non-essential, high-risk settings, and incentivise immunizations, the province has enacted the vaccination certificate initiative effective September 22, 2021. The Health Unit is supportive of this program and is currently assisting the public and businesses

alike. The Health Unit's call centre and website addresses many of the questions and concerns they may have. Since the announcement, there has been an increase in vaccinations.

Vaccination Policies

Some organizations and sectors have been mandated to implement a vaccination policy for their workplace. Variations regarding scope and enforcement are dependent on sector client/patient risk. The most stringent is mandating employee immunization with the only exception being for medical reasons and the consequence of dismal for failing to be vaccinated. Other modifications may include declaration of conscientious objection with a mandatory education session, regular testing, and/or reassignment of duties if feasible.

Businesses, while not mandated to do so, are strongly encouraged to adopt a vaccination policy as well. The Health Unit has provided employers with a tool kit to assist with implementation. Additionally, Health Unit staff are available to answer questions related to vaccine policies.

The Health Unit immunization policy will be released shortly. Of the approximately 340 current permanent, temporary, and casual staff, 96% have received the first dose and 95% are considered fully vaccinated.

Vaccinations

Currently, the province has 85% of the eligible population (12+) with at least one dose of vaccine and 79% fully immunized (two doses). Locally, our district is at 83% and 77% comparatively. Additionally, 77% of youths aged 12-17 years of age have received their first of a COVID-19 vaccine and 64% are fully vaccinated.

Mass immunization clinics throughout the district have transitioned to a more targeted outreach approach. This is an effort to enhance access to vaccinations where people live and work. This has been facilitated by the use of pop-up walk-in clinics, scheduled clinics at both public and work venues, and the use of the mobile vaccine clinic bus, which travels throughout the entire district. This endeavour has proven to be successful and greatly appreciated by communities and workplaces.

Third Dose Eligibility

The province has recently announced eligible individuals to receive a third dose of their vaccination series. This is due to emerging evidence that those with compromised immune systems may benefit from an added dose. It is anticipated that more individuals will be added to the list as time goes on. No decision has been arrived at yet regarding the necessity of a third dose for the general population.

Vaccinations – 5- to 11-Year-Olds

It is anticipated that the vaccine manufacturers will be applying to Health Canada for immunization approval for this age cohort. It is unknown, if logistically, it is realistic to commence immunizations by the end of this year. With increasing cases in this age group, it has certainly been prioritized.

Influenza Season

It is difficult to predict how the flu season will unfold. It may be non-existent such as the case last year, or more prevalent and severe. The plan, similar to last year, is to get as many people immunized as possible in order to lessen the impact on vulnerable individuals and an already over-burdened health care system due to COVID-19. While the current recommendation of the National Advisory Committee

on Immunizations is to administer the flu vaccine after 28 days of receiving the COVID-19 vaccine, work is underway to determine the efficacy and safety of co-administration.

Fall Priorities

Public health would like to be back to business as usual and with a recovery plan well underway, that will not be possible this fall. The fourth wave will see increasing demands placed on our organization. With expected increases in COVID-19 cases, case and contact management will remain a priority. Isolation of cases and high-risk contacts is fundamental to limiting community spread of the virus.

Immunizations will increase on several fronts:

- To achieve 90% 12+ full immunization:
 - 23,164 vaccinations will be required
 - 7,779 first dose + 7,779 second dose
 - 7,606 second dose only
 - 15,385 individuals
- Increasing third dose eligibility
- 5-11-year-old cohort (~ 8200)
- Concomitant Universal Influenza Immunization Program implementation
- Routine immunization backlog, especially among infants and children

Surge capacity planning has taken place in order to meet anticipated demands throughout the entire organization. All human resources available have been, and are being, on-boarded. This has included the addition of permanent (unfilled), temporary, casual and volunteer positions as well as redeployment of staff when necessary.

I am exceptionally proud of what the Health Unit staff have accomplished over this entire marathon of a pandemic, which continues. Despite the emotional and physical toll, they amaze me with their strength and dedication to continue to do whatever is necessary to keep our communities and families safe. They truly are extraordinary people. I am humbled and honoured to work with them.

Thank you for all of your support.

Recovery Planning

The Health Unit is starting to plan for what COVID-19 recovery looks like for the organization. As such, a draft recovery framework (Appendix A) has been created to ensure an effective transition to sustainable recovery from the COVID-19 pandemic.

First and foremost, it can't be stressed enough that this is an evergreen document, meaning that it will be regularly updated as we continuously respond to the ongoing and changing needs of the pandemic, and adapt to new evidence and provincial mandates and direction. It is also important to note that returning to pre-COVID-19 program functions and services may look different than anticipated, and there will be an adjustment period to what our 'new normal' will look like.

From an organizational perspective, the framework focuses on program resumption, effective organizational practice, and staff wellness and engagement. From a community perspective, the framework focuses on supporting individuals and communities and sustaining and enhancing community partnerships and collaborations across the district.

Mobilization of this framework will involve the efforts and input from all programs and services across the organization. A small working group has been formed to monitor progress and a process will be established to regularly communicate updates to all staff.

Programs and Services Updates

Corporate Services

Building and Maintenance

- Supported many immunization clinics throughout the district. Examples include:
 - Transporting supplies to numerous COVID-19 vaccine clinics.
 - Dismantling all mass vaccination sites, returning items back to the main office, and returning all borrowed items.
- Finalized the Parry Sound lease extension and continues to work with the landlord to address roofing issues.
- Completed 345 Oak major yearly maintenance, including cleaning of all windows, sanding and re-staining of outdoor benches and vegetable garden boxes.
- Liaised with City of North Bay to tidy up the raised flower beds on Oak Street.

Communications

- Continues to prioritize maintenance of COVID-19 website content and resources, promoting vaccination clinics, timely media releases, weekly press conferences, and internal staff updates.
- Successfully completed the One Step Closer COVID-19 vaccine campaign; evaluation of the campaign is currently underway.
- Issuance of 32 public service announcements and 26 news releases.
- Raising awareness and providing information to health care providers and the men who have sex with men population in response to the increase in syphilis cases.
- Responded to an increase in non-COVID-19 inquiries, specifically regarding local overdose data and opioid situation.

Emergency Preparedness

Manage/coordinate Health Unit emergency response activities:

- Emergency Management work continues in support of COVID-19 response, primarily focused on Incident Management System (IMS), municipality liaisons, and support for immunization clinics.
- The Acting Manager of Emergency Management:
 - Continues to represent the Health Unit at regular municipal emergency control group meetings and responding to inquiries from municipal leaders and provincial partners.
 - Is working closely with the Director of COVID-19 Immunization Strategy to coordinate and plan COVID-19 vaccine clinics within the municipalities.

Information Technology

- Provided COVID-19 Call Center technology implementation/configuration/training/support.
- Provided onsite vaccine clinic support.
- Provided desktop deployments for Call Center.

- Provided laptop and workstation deployments - working from home requirements.
- Provided ongoing support for Human Resource - new hire orientations.
- Provided ongoing support for Finance - asset management - working from home.
- Provided ongoing support for the upgrade of the Finance / HR / Payroll system.
- Completed regularly scheduled network infrastructure maintenance.
- Evaluated mobile device management software.
- Provided ongoing monitoring and protection of technology assets against cyber-attacks.

Planning and Evaluation

Population Health Assessment and Surveillance

- Continued maintenance of several analytic systems towards responding to local COVID-19 case activity. COVID-19 vaccination coverage data is continuously analyzed and shared internally to assist in planning of future vaccine clinics, and in preparation for schools reopening.
- The COVID-19 Community Survey data products (i.e., data requests, presentations, and reports) continue to be produced. The most recent products focus on the effects of COVID-19 on the senior population, indigenous population, parents, children, mental health, and individuals who use substances.
- Continued efforts to improve data quality of vaccination records and inventory information.

Health Equity:

- In collaboration with community partners, identified optimal locations and opportunities to reach individuals who are under housed, transient, or experiencing homelessness, and hosted multiple COVID-19 testing and vaccine clinics in these trusted spaces.
- Supported internal planning on COVID-19 initiatives through facilitated use of the Health Equity Assessment Tool – COVID-19 (HEAT-C19), designed to prompt consideration, and integrate the needs and experiences of groups impacted by inequities into COVID-19 related decisions and activities.

Quality Assurance

Policies and Procedures

- Totals for policies, procedures, and associated documents issued between January 1 and August 31, 2021, are: 425 documents issued, 402 documents eliminated, and 339 new documents assigned.

Quality Issue Reports (QIR)

- Total QIRs completed (closed) between January 1 and August 31, 2021, was 51: **there were** 10 at level 0, 28 at level 1, and 13 at level 2.
- Classifications are as follows: 34 impacting people (third party, personnel, or client), 10 related to organizational/professional standards, 4 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 program and the Case and Contact Management (CCM) support group have been completing case and contact management for our district; additionally, the group

has collaborated with the Healthy Schools team to prepare for case and outbreak management in schools and child care centres during the 2021-22 school year.

The summer nursing students that are part of the CDC/CCM team will continue to provide support with COVID-19 case and contact management on a part-time basis.

The program continues to manage enteric and respiratory outbreaks and complete case management and contact tracing for diseases of public health significance.

The Infection Prevention and Control (IPAC) Hub continues to work and support congregate living settings. The IPAC HUB supports the provision of IPAC knowledge, training, and expertise. The IPAC Hub is preparing for the upcoming Community of Practice in October.

Nursing Practice

The Nursing Practice Manager role has mainly been focused on the logistics of the provincial COVID-19 vaccine database, COVax.

The Nursing Practice Manager:

- Has completed the Ontario MD Privacy and Security Training modules and Virtual Care Training modules, an internal training module will be created for Health Unit clinical staff covering the topics of providing virtual care to clients to ensure staff understand the privacy and ethical implications and how to manage these.
- Will resume student placements (which were suspended for the September 2021 intake) at limited capacity for January 2022 intake.
- Has created new policies, which include Privacy and Documentation, ready for approval by the Executive Team.

Oral Health

From June 1 to August 31, Oral Health has provided dental treatment to 353 clients enrolled in Healthy Smiles Ontario (HSO), Ontario Seniors Dental Care Program (OSDCP) and adult dental programs.

All funds allocated for dentures through the OSDCP budget for 2021 have been depleted. To date this year, 68 seniors received dentures.

As of August 30, all but one of the registered dental hygienists deployed to COVID-19 assignments have returned to Oral Health and have resumed provision of preventive services to our clients.

Sexual Health and Clinical Information

Sexual Health

There continues to be a greater than average number of new cases of syphilis with the Health Unit district. The number of syphilis cases in 2019 were above the five-year historical average for the district, and new infectious syphilis cases have continued to be identified in 2020 and 2021. To address this, the Sexual Health program recently distributed public health bulletins to health care and social service providers in our district to advise them of the ongoing situation and recommend strategies that they can

undertake with their clients. Additionally, a communication campaign is underway to educate those at greatest risk regarding symptoms to be aware of and testing frequency.

Clinical Information and Harm Reduction

The Clinical Information program in partnership with the Vaccine Preventable Diseases program is working on a process to offer COVID-19 vaccine to eligible clients who present to the Clinical Information program. This is an additional strategy to reduce barriers for clients who may have difficulty accessing COVID-19 vaccine.

Vaccine Preventable Diseases

The Vaccine Preventable Diseases program continues to be heavily involved in the COVID-19 vaccine rollout, participating in walk-in, mobile bus, and school clinics while also providing support to some long-term care homes, as required, as they begin administering third doses. Following up on Adverse Events Following Immunizations (AEFIs) continues to be a priority.

Influenza season is just around the corner and the program is in the preparation phase. The first shipment of vaccine arrive in late September. This initial allotment will be dedicated to long-term care homes and hospitals. Allotment to primary health care will follow in early October. We anticipate receiving vaccine for the general population towards the end of October with Health Unit clinics beginning in early November. This year, we will be using three different influenza vaccine products.

We are currently amidst the ongoing process of ensuring updated immunization records for new registrations to licensed child cares. Since January 1, we have assessed 1,126 records compared to 648 records for the same period last year. The annual review of immunization records for all non-school-aged children, staff, and volunteers in child care settings, as required by the Ministry, will take place in June 2022.

Behind the scenes work is being done to plan for school catch-up clinics for all school-aged children and youth. Since in-school clinics have not been routinely completed during the pandemic (due to school closure and public health restrictions in schools), we anticipate hosting both school (as permitted) and community clinics from late fall through the beginning of the next school year to meet catch-up schedules and ensure immunization of due and overdue students in the school system.

In-house immunization clinics are running four days per week and are fully booked. Walk-in clients are being accommodated and overflow appointments are fully booked in an attempt to meet the needs of infants and high-risk clients. Wait time for an appointment is approximately six weeks for non-urgent vaccines. Travel vaccine requests are starting to increase as individuals and families resume travel.

Community Services

Call Centre Reporting

COVID-19 Vaccine Booking Appointments

Background:

COVID-19 mass immunization clinics conducted by public health units and community partners comprised a major component of the COVID-19 vaccine rollout plan in Ontario. Mass immunization clinics began implementation in mid-March 2021 and were discontinued in late August 2021. For the majority of that time mass immunization clinics were available by appointment only. The province

provided a clinical database named COVax_{ON} along with an online, self-serve vaccine appointment booking system to enable this wide-scale immunization campaign. A provincial Service Desk was implemented to support these systems and take calls from the public, while public health units were mandated to provide additional and local appointment booking support to the public through their own call centers.

Local Booking Call Centre implementation:

On March 14 2021, the Health Unit expanded the existing local Level 1 COVID-19 Call Center to create a vaccine appointment booking Call Center (Level 3). The Booking center assisted people with barriers to using the online system as well as to support booking for special populations or scenarios not supported by the provincial tools. Any callers with complex vaccine questions were redirected to Level 1. Level 1 agents also took on some booking duties whenever the capacity of Level 3 was surpassed by surges in demand or staffing pressures. Both Level 1 and Level 3 worked closely with Communications to keep the public informed of changes to booking processes and eligibility.

The volume of incoming calls quickly challenged the capacity of our existing Health Unit phone system. From March 14 to May 8, Level 3 processed a minimum of 11,927 booking related calls. This number represents a significant underestimation of the call volume related to limitations of our available tracking tools during that time. On May 9 2021, the Call Centers went live with a dedicated call center phone system, SolSwitch, which was able to support and route calls more efficiently for both Level 1 and Level 3 Call Centers and the public as well. This system was also able to provide more accurate call center service metrics. Level 3 serviced 24,316 incoming booking calls and 10,945 outreach calls for the period of May 9- August 28.

In late August mass immunization clinics were discontinued and replaced with walk-in/pop-up/mobile clinics resulting in a significant decrease in the need for booked appointments. As of August 27 the Level 3 Call Center was sunsetted after fielding over 47,118 calls in its six-month period. The Level 1 Call Centre has assumed the responsibility for booking or referring the public to smaller immunization clinics being provided through the fall.

Level 3 was staffed by a combination of permanent Health Unit staff who were deployed from their regular program areas and 20 temporary full-time COVax Assistants. The Level 3 booking staff were also cross- trained to perform COVax assistant or clinic assistant duties at clinics, when required.

Environmental Health

Infectious Diseases

Public health inspectors (PHIs) resumed routine inspections of licensed child care centres, and personal service setting facilities as restrictions were relaxed under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* and the Roadmap to Reopen. Current activities comprise of 24-hour response for: infection control assessments, consultations, complaints, and service requests for these diverse facilities that are mandated under the Ontario Public Health Standards.

COVID-19

Enforcement of the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* and the Roadmap to Reopen activities are ongoing. In particular, on August 13, 2021, the Health Unit received notice that the owner/operator of Stewarts Decorating withdrew the appeal with the Health Services Appeal and

Review Board. Stewarts Decorating had appealed the Section 22 Order under the *Health Protection and Promotion Act* (HPPA) issued by the Medical Officer of Health following multiple observations of deliberate defiance of the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020* and the Stay at Home Order (when it was in affect). The Order was served to PHIs on April 27, 2021. The basis for the appeal was that it was unconstitutional and in violation of human rights. Stewarts Decorating voluntarily withdrew the case without prejudice to the Health Unit and the Health Services Appeal and Review Board closed the file. However, tickets issued to Stewarts Decorating and the summons to court are pending to enable them to resolve the related criminal charges issued by the North Bay Police Service due to non-compliance with the Supreme Court restraining order.

Food Safety

PHIs resumed routine inspections, consultations, inquiries, and complaint responses related to food premises. In-person safe food handling education remains on hold, online training is supported. PHIs will proctor exams for those who take the online course, or wish to challenge the exam, upon demand.

Vector-Borne

Environmental Health is observing an increase in Lyme disease in both humans and ticks this year. A total of 91 ticks have submitted for identification and possible testing. Of those, 29 have been identified as deer ticks, blacklegged ticks (*Ixodes scapularis*), 4 have tested positive for the bacteria that causes Lyme disease (*Borrelia burgdorferi*), 3 probable human cases of Lyme disease and 2 confirmed cases.

Public Health Ontario has advised public health units around anaplasmosis, a tick-borne disease expansion, hence the need for an increase in surveillance. Its symptoms are arthralgia, headache, malaise, and myalgia; and may include a stiff neck, gastrointestinal complaints, and cough. Currently, anaplasmosis is not a reportable disease in Ontario. Blacklegged ticks, dogs, white-tailed deer, and rodents are the vector that transmit *Anaplasma phagocytophilum*.

The National Microbiology Laboratory (NML) is discontinuing the tick testing program for all submitters including medical professionals as of September 2021. This Health Unit is not affected as we no longer use this service having resorted to a private lab located in St. Catherine, Ontario.

Rabies

The investigation of animal bites to human incidents is ongoing. Human exposure to stray animals including bats may result in the collection of specimens being submitted to the lab for testing. To date, 6 animals have been sent for testing, and 335 animal incidents have been investigated. The Health Unit catchment remains rabies free in domestic animals.

Ontario recorded its first rabid dog. The animal was an imported dog rescued from Iran. Dog-mediated rabies has not been reported in Canada since the 1960s. Hence, the Chief Veterinarian for Ontario and the Chief Medical Officer of Health for Ontario are urging the Canadian Food Inspection Agency (CFIA) to implement an equivalent temporary ban on importation of all dogs from countries considered high risk for canine rabies.

Safe Water

The monitoring of municipal, small drinking, and private water submission is ongoing and was uninterrupted throughout the COVID-19 period. PHIs continue to respond to adverse water quality incidents.

The Health Unit continues to work with the Department of National Defence (DND), City of North Bay, and the Ministry of Environment, Conservation and Parks (MECP) on private and municipal

polyfluoroalkyl substances (PFAS) water sampling and monitoring program. The City of North Bay and DND agreed to follow the MECP newly proposed threshold of 70ng/L for the 11 PFAS chemicals. Participation is voluntary for the residents of the affected and surrounding areas.

Recreational Water

Inspection of public swimming pools and spas is ongoing.

The Ministry of Health informed public health units about short-term residential pool and hot tub sharing/rentals. Backyard pools are being offered for rent to the public through a recent sharing platform, 'Swimply'. Residential pool owners can rent their pools and hot tubs by the hour online or via a phone app. These facilities become subject to the Public Pools Regulation and other applicable requirements such as the Ontario Building Code and local bylaws. To date, there are 400 registered pools, according to the 'Swimply' website. Currently there are none in our catchment.

Beach Sampling

PHIs have completed this year's beach sampling at a reduced frequency. Two beaches that reported with high bacteria counts required closing.

Healthy Environment

The public has been reporting multiple Harmful Algal Blooms (HAB) in water bodies to the Health Unit and MECP. Samples are being collected and tested at the MECP lab, and advice provided accordingly to residents for drinking and recreational activities.

The Health Unit is no longer issuing news releases for lakes with reoccurrences of HAB. The Health Unit works with municipalities of concern to deliver notifications to residents and post signs at the affected beaches.

Smoke-Free Ontario Act

Tobacco enforcement officers have resumed inspections, consultations, complaint follow-up, and responses to inquiries. The Health Canada regulations concerning nicotine concentration regulations and order on flavoured vaping products is in effect as of July 1, 2021. Although under federal jurisdiction, tobacco enforcement officers can report violations to Health Canada if observed in a local retail vendor.

Healthy Families

With the exception of direct services to families, a portion of Healthy Families programming continues to be on hold related to the COVID-19 pandemic. The following Healthy Families services are being provided:

- Family Health Information Line (Intake)
- Online prenatal classes (partnership with Public Health Sudbury & Districts)
- Online parenting classes (Triple P)
- Universal postpartum telephone follow up following hospital discharge for all newborns 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 a focus on supporting young families
- Data collection activities related to secondary impacts of COVID-19 on families and young children

Healthy Living

International Overdose Awareness Day

International Overdose Awareness Day was August 31. Each year this event aims to raise awareness around overdose, and that overdose is preventable. International Overdose Awareness Day remembers those who have died or sustained a permanent injury related to drug use. This day of remembrance generates discussion and action, using evidence-based approaches and drug policy to help reduce overdoses. The day aims to:

- Provide an opportunity for people to publicly mourn in a safe space
- Inform communities about the issue of fatal and non-fatal overdoses
- Provide supportive messages to those with lived and living experience that they are valued

For the fifth year, the Health Unit has participated in our local International Overdose Awareness Day Planning Committee. This year, the Committee, made up of volunteers as well as mental health and addiction agencies from across the Nipissing and Parry Sound districts, hosted a week of events to remember those impacted by overdose. Events included: an online naloxone training, opening ceremonies, and an online substance use panel. Free give-aways and snack bags were also distributed to individuals at select locations, including both Health Unit needle syringe program sites.



The Health Unit district has seen an increase in opioid-related deaths over the past several years. In 2019, the Health Unit district experienced 19 opioid-related deaths. This number grew to 51 opioid-related deaths in 2020. The COVID-19 pandemic has had a significant impact on people who use substances in our communities. Experts across the province have noted that disruption in the drug supply, changes or closures of services, and social isolation have likely contributed to the increase in drug-related deaths we are seeing in our communities. Now more than ever we need to be creating awareness, and acting to address this public health crisis. The Health Unit participates in International Overdose Awareness Day, as part of a larger strategy, to bring attention to this crisis locally.

Healthy Schools

The Healthy Schools team expanded their focus to support day and overnight camps in the district to navigate the COVID-19 guidance document throughout July and August. The team also started to prepare for the return of in-person learning with updated guidance documents for schools and child care centres, new screening tools, and an updated website for educators and parents. Along with in-person learning, the team has supported the schools over the summer to ensure students 12-17 years of age had information and access to the COVID-19 vaccine and for in-school clinics throughout the month

of September. The work of the team continues to be a collaborative effort with our school board partners, the transportation consortium and child care centres to ensure a consistent and clear message is shared district wide.

Finance

On July 22, 2021, the 2021 provincial funding was confirmed by the Ministry. The base funding was confirmed at the same level as that of 2020. The School-Focused Nurses initiative was confirmed for another school year, ending as of July 31, 2022. COVID-19 extra costs and the vaccine program were paid out based on 43% and 50% respectively of the original requests of \$300,000 and \$400,000. Additionally, funding will flow based on Ministry quarterly reporting. The second quarter report, to June 30, was filed on September 17, and the estimated year-end request of \$300,000 and \$400,000 will remain reasonable requests.

Mitigation funding for 2022 was confirmed by the Ministry at the annual Association of Municipalities of Ontario (AMO) conference on August 18, 2021.

At the June 23 Board of Health meeting, the Board directed a letter be sent to the Ministry related to the public health funding model. On August 18, a letter of response from the Chief Medical Officer of Health was received. A copy of the letter will be included in the Board of Health Correspondence as part of the next Board of Health meeting agenda package.

The Ministry has revised the COVID-19 quarterly reporting process which required a substantial increase in the amount of reporting detail over what was required in 2020. Not all data requested for the second quarter reporting in 2021 was available, however, we continue to work on gathering more information that will be included in the third quarter reporting.

Human Resources

Compensation

Human Resources is currently in the process of implementing an upgrade to the Human Resources and Payroll system, with it expected to go live in November. We are working collaboratively with Finance since this is an integrated system between the two service areas.

Employee & Labour Relations

We continue to have regular discussions with the Ontario Public Services Employee Union (OPSEU) and the Ontario Nurses Association (ONA) as issues arise related to COVID-19.

Occupational Health and Safety

We continue to maintain the organization's COVID-19 Workplace Safety Plan according to changes in public health and workplace safety measures. We are in the process of finalizing the COVID-19 Immunization Policy and Procedure for Health Unit personnel. The policy and procedure will be issued by September 23, 2021.

Staffing

We continue to support COVID-19 immunization clinics, including mobile clinics, school clinics, and eventually influenza clinics. This support includes scheduling staff and volunteers to work at clinics and continuing recruitment efforts to staff these clinics. We are also recruiting for regular positions such as

public health nurses in Healthy Families, Healthy Schools, Communicable Disease Control, Vaccine Preventable Diseases, as well as senior public health inspectors in Environmental Health, a community health promoter in Healthy Schools, and other temporary positions to support the response to the pandemic in areas such as the Call Centre and with case and contact management.

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NBPSDHU COVID-19 Pandemic Recovery Framework

Background

Since March 2020, the North Bay Parry Sound District Health Unit (Health Unit) has been tirelessly responding to the COVID-19 pandemic in a number of ways, including but not limited to: activation of incident management system (IMS), activation of call centres, case and contact management, outbreak investigation and management, surveillance, enforcement, reporting, communications, information sharing, in-action review debrief, community partner engagement and collaboration and immunization strategy rollout.

With local immunization rates steadily growing and local case counts gradually declining, the shift to recovery planning, from an organizational and community perspective, is necessary to ensure an effective transition to sustainable recovery from the COVID-19 pandemic.

In the context of emergency management, recovery entails repairing or restoring conditions to an acceptable level. From an organizational perspective, this will require determining what pre-pandemic services, programs, functions, and processes will be: restored, modified or eliminated based upon new learnings from the pandemic. From a community perspective, the recovery process will mean balancing the need to address, using a health equity lens, the disproportionate impacts of COVID-19 on the populations across our district and the need to prevent and mitigate any future vulnerabilities.

Phases of Emergency Management: Prevent & Mitigate, Prepare, Respond, Recover

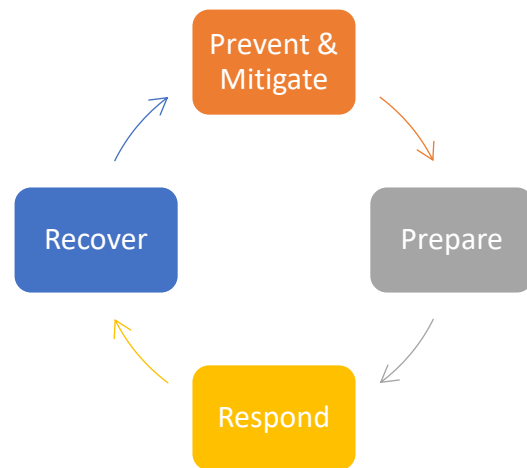


Figure 1: Phases of Emergency Management

NBPSDHU COVID-19 Pandemic Recovery Framework

Components of COVID-19 Recovery

Recovery from COVID-19 involves both community and organizational components (Figure 2). From a community perspective (green circles), recovery efforts involve supporting individuals and communities through public health service delivery, with particular focus on the vulnerable populations that suffered disproportionately from the pandemic. A second component of community recovery and closely tied with the first, involves sustaining any new relationships formed throughout the pandemic, and enhancing existing relationships, with community partners across the district. From an organizational perspective (blue circles), pandemic recovery involves gradually resuming programs and public health services to an acceptable pre-pandemic state. Beyond the program level, effective organizational practice ensures that organizational practices (activities, policies, procedures, structures, etc.) are resumed or revisited and modified to align with the lessons learned from the pandemic and the changing needs of programs and services. Lastly, staff wellness and engagement will focus on an organizational wellness strategy to support staff as they transition back to pre-pandemic program work.

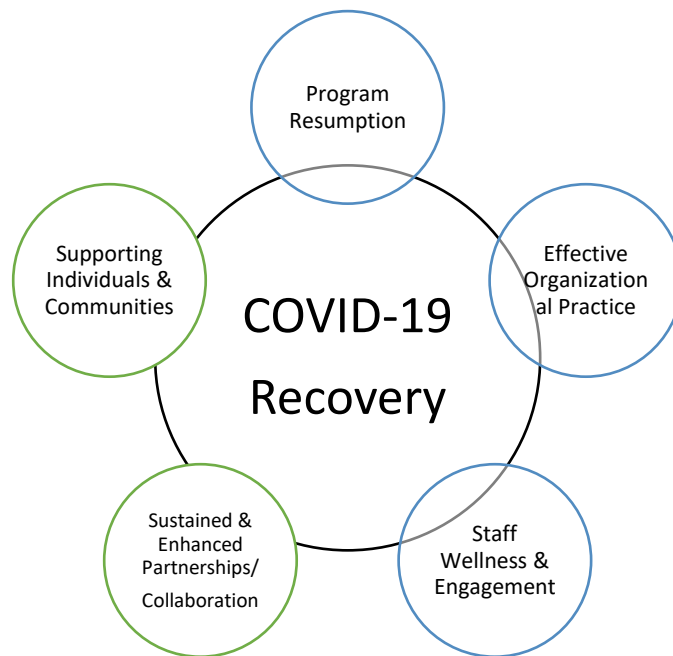


Figure 2: COVID-19 Recovery Components*

*modified from Hamilton Public Health Services COVID-19 Pandemic Recovery Plan (2021)

NBPSDHU COVID-19 Pandemic Recovery Framework

Underlying Assumptions

Most importantly, this is an **evergreen** document and will be continuously updated as required. The following assumptions are foundational to the framework:

- **Flexibility:** while COVID-19 response functions continue as recovery mode starts, the framework components and timelines must adapt to how the pandemic may change or evolve, what new evidence is presented or new or changing public health mandates that may be introduced
- **Health equity:** a health equity lens is foundational to all aspects of recovery to ensure everyone in our district has the same opportunity for optimal health and where barriers are detected, mitigation strategies are put in place
- **Continuous quality improvement:** organizational recovery efforts will be grounded in the principles of CQI with the notion that any changes in services, activities, or practices are done to improve the quality of services to better meet the needs of our staff, clients, partners, or communities as we transition to recovery phase
- **Evidence Informed:** internal, local and provincial data will be leveraged throughout the recovery phase to inform all components of recovery
- **Communication:** continued communication is essential with staff, clients, the public, and community partners through the same or new channels as the pandemic winds down

Underlying Threats

The following are known threats that may hinder the timing and outcomes of this framework:

- Provincial direction around public health modernization
- Funding model for 2022
- New COVID-19 variants and threat of a fourth wave
- New evidence guiding COVID-19 immunization strategy (e.g. need for boosters, approval of vaccine for 5-11 year olds)
- Recruitment and retention of public health staff
- Staff burnout
- Ministry(s) expectation on resumption of mandated programs/services and service plans (e.g. HBHC)
- Additional standards or changes to Ontario Public Health Standards

Time Frame

The following three time frames have been established to guide the activities in this framework.

- Short-term: 1-3 months (August 2021 – October 2021)

NBPSDHU COVID-19 Pandemic Recovery Framework

- Mid-term: 4-5 months (November 2021 – December 2021)
- Long-term: 6-12 months (January 2022 – August 2022)

Components of Recovery – Logic Models

Organizational

Program Resumption

Objective	Activities	Responsibility	Timeframe	Outputs	Progress Status
To effectively scale down staff from and scale up staff to COVID-19 response activities, based on local response needs	- clarify internal process to reflect staff movement to and from deployed COVID-19 roles -update deployment staff list	IMS Functional Leads (clinic manager leads, call centre managers, etc.) Managers HR	Short-term	Reporting of activities Staff movement process clearly defined	In Progress -sunset of level 3 call centre, ramping up of CCM, level 1 call centre; ramping up of immunizer capacity for anticipated expanded age eligibility and fall flu clinics

NBPSDHU COVID-19 Pandemic Recovery Framework

	-update program business impact analysis/continuity of operations (BIA/COOP) plans	Program Managers	Mid-term	Updated program BIA/COOP (or modified version of)	Not Yet Started -timeline shifted to mid-term due to continued reduced capacity in programs
To resume program planning for 2022 organizational operational documents (OODs)	-complete OODs using evidence from COVID-19 community survey, program data, internal and external SWOT results as pertains to program work -complete annual service plans (if required)	Program Managers	Tentatively mid-term (due end November); will depend on return of managers to their programs	Organizational Operational Documents for 2022	Not Yet Started
To fully resume services and program functions to an acceptable pre-pandemic level	-carry out OOD plans	Executive Directors/Program Managers	Mid-term to long-term (will vary depending on the program/service)	Program staff fully resuming programs and services to clients	Not Yet Started

NBPSDHU COVID-19 Pandemic Recovery Framework

To return to in office/in person program activities (e.g. use of teaching kitchen, community partner meetings, in-person visits, etc.) and program work (working from office, in-person meetings, etc.)	-determine indicators as to when it is safe to return to such activities on an ongoing basis and communicate with staff and managers when transition can take place -establish process & criteria to request permission for select in person activities in the interim	Executive Team	Long-term	Resumption of in-office/in-person program activities	Not Yet Started -all-staff communication sent September 17 regarding status quo until end December
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Effective Organizational Practice

Objective	Activities	Responsibility	Timeframe	Outputs	Progress Status
To communicate organizational priorities as staff and management transition back and forth between program work and COVID-19 response work	-considering currently available evidence, modify organizational priorities	Executive Team, in consultation with management	Short-term Next update: January 2022	Transitional Organizational Priorities	Complete -updated organizational priorities and accompanying guidance document disseminated September 24

NBPSDHU COVID-19 Pandemic Recovery Framework

To incorporate endemic COVID-19 activities (vaccinations, CCM, outbreak management, surveillance) into organizational structure	-determine indicator to switch from organizational/IMS COVID-19 response to program COVID-19 management (e.g. pandemic declared over, de-activation of IMS)	Executive Team	Long-term	COVID-19 Activities Transition Indicator	Not Yet Started
	-start planning to integrate COVID-19 activities into regular clinical services program	Clinical & Community Services (Executive Directors and Managers)	Short-term/Mid-term	Established post-pandemic COVID-19 Program	In Progress -pilot planned to start offering COVID-19 vaccine to select program clients attending in-person appointments
To determine lessons learned from the COVID-19 pandemic and opportunities to improve next incident response	-conduct after-action review debrief with IMS once pandemic declared over -collect vaccination strategy evaluation metrics and overall surveillance metrics -analyze data and create actionable recommendations to improve future	IMS Planning Leads (Emergency Management Manager/P&E Manager) P&E (support)	Mid-term/long-term	After-action Review Report Updated Emergency Management Plan	Not Yet Started

NBPSDHU COVID-19 Pandemic Recovery Framework

	incident management -incorporate applicable changes into emergency management plan		Long-term		
To finalize Health Unit budget for 2022	-plan for 2022 costs that would incorporate ongoing anticipated COVID-19 activities -request additional funding as required	Finance	Mid-term	Final 2022 budget	Not Yet Started

Staff Wellness & Engagement

Objective	Activities	Responsibility	Timeframe	Outputs	Progress Status
To support staff across the organization with their mental health and wellness needs as we move from response to recovery mode	-analyze data from Internal Mental Health survey to inform recovery wellness priorities -gap analysis/audit of survey results against national workplace standards and resulting recommendations	Human Resources (Occupational Health & Safety) Internal Mental Health Work Group Joint Health & Safety Committee	Short-term to Mid-term	Organizational wellness strategy	In Progress

NBPSDHU COVID-19 Pandemic Recovery Framework

	-review internal HR data to inform recovery wellness priorities				
To rebuild program/team engagement/cohesion, particularly for teams that have been disrupted due to turnover, deployment, etc.	-discuss appropriate team building activities that can be utilized as staff return to programs	Program Managers	Short-term to Long-term (as program staff return)	Programs/teams supported and re-engaged in program activities, with peers	Not Yet Started

Community

Supporting Individuals & Communities

Objective	Activities	Responsibility	Timeframe	Outputs	Progress Status
To determine the ongoing or changed public health needs of the individuals and communities we serve, particularly those disproportionately impacted by COVID-19	-analyze data from COVID-19 community survey to inform program priorities for 2022 -review internal program data to determine service gaps based on above findings -review themes from completed community well-being and safety plans	Program Managers/Executive Directors P&E (support)	Short-term/mid-term	Recovery phase organizational priorities	In Progress -multiple programs reviewing survey results relevant to their program areas -public key findings report planned for end of October -SWOT survey data collection planned for fall

NBPSDHU COVID-19 Pandemic Recovery Framework

	-utilize data from the from staff & community SWOT analysis to inform 2022 priorities				
	-determine ongoing information needs of and ongoing methods of engagement with general public	Call Centre Leads/Communications			Not Yet Started
	-discuss opportunities to continue health equity work into recovery phase	Health Equity IMS Leads			Not Yet Started
To ensure individuals and communities have equitable access to the public health supports and services needed	-with needs identified above, re-examine current service delivery models to determine gaps and opportunities to improve access	Program Managers/ Executive Directors	Mid-term	Recommendations to change service delivery models	Not Yet Started

NBPSDHU COVID-19 Pandemic Recovery Framework

To improve ongoing surveillance of clients we serve across all programs	-resume organizational pilot to collect standard sociodemographic data ('We ask because we care', income screening) -assess findings and make recommendations to implement ongoing data collection to improve decision making/planning	P&E	Long-term	Availability of standard client sociodemographic data	Not Yet Started
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Sustained & Enhanced Partnerships/Collaborations

Objective	Activities	Responsibility	Timeframe	Outputs	Progress Status
To sustain new partnerships/collaborations formed throughout the pandemic that align with recovery efforts	-take inventory of new and existing partnerships, value add of maintaining and opportunities for improving relationships	IMS Liaison Leads	Long-term	Recovery phase community partner inventory Update to emergency management plan that includes list of	Not Yet Started

NBPSDHU COVID-19 Pandemic Recovery Framework

<p>To enhance existing partnerships/ collaborations to better serve the needs of populations post-pandemic</p>	<p>through recovery phase</p>			<p>critical partners to engage first</p>	
	<p>-continue to consult with local community partners to discuss fall readiness planning to efficiently respond to range of COVID-19 scenarios</p>	<p>IMS Liaison Leads Manager, Emergency Management</p>	<p>Short-term</p>	<p>Documentation/ tracking of meetings, outcomes and minutes</p>	<p>In Progress</p>

NBPSDHU COVID-19 Pandemic Recovery Framework

To determine community partner perspectives regarding community pandemic response efforts, lessons learned, and opportunities for community recovery efforts	-implement community partner SWOT analysis -analyze SWOT analysis to inform Health Unit recovery priorities	P&E		Collated data to inform long-term organizational recovery priorities	In Progress -data collection planned for fall
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SWOT Analysis

Internal and external SWOT Analysis surveys will be administered. Sample questions are provided in Figure 3 below but are currently being refined. Internally, staff will be asked to provide input on strengths and weaknesses based on how our Health Unit responded to the pandemic and provide input on opportunities and threats as they relate to pandemic recovery efforts. Externally, community partners, including municipalities, will be asked to provide the same input but focusing on community response and recovery. This information will feed into longer term recovery phase organizational priorities.

NBPSDHU COVID-19 Pandemic Recovery Framework



Figure 3: SWOT Analysis

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