

# Medical Officer of Health: Report to The Board of Health

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# Medical Officer of Health Update

## Shutdown/Stay-at-Home Order

As Medical Officer of Health, I recommended to the government to remain in Shutdown with the Stay-at-Home Order in effect until the end of March 8, barring any further extensions. This was done, not out of an abundance of caution, but because the current threat we face is the most serious since the pandemic began. While the COVID-19 case numbers and deaths are decreasing throughout Ontario, variants of concern (VOCs) are on the increase and spreading rapidly. The burden of VOC cases are significantly greater in our Health Unit district and increasing. The following data is illustrative.

- Since the onset of the pandemic:
  - i. Toronto Public Health has a confirmed or preliminary ratio of VOC/total cases = 0.75% (628 preliminary + 71 confirmed/92,644 confirmed x 100) as of February 23, 2021
  - ii. NBPSDHU ratio of VOC/total cases = 12.2% (30 preliminary + 2 confirmed/262 confirmed x 100) as of February 23, 2021
- Between January 28 and February 23, 63% of all of our district COVID-19 cases are VOC (either confirmed or directly associated with the VOC outbreak) (45/72 x 100). This is significantly higher than the rest of the province
- VOCs spread 50% to 70% more easily (Public Health Ontario, February 11, 2021)
- The Science Tables modeling projections are alarming. Their recommendations to avoid a 3rd wave and 3rd lockdown is sticking with a stay-at-home order and aggressive vaccinations
- There is an ongoing outbreak in a community apartment building with many being older individuals. Sadly, there has been two deaths
- The VOC has spread beyond the apartment building outbreak to two school cases necessitating the closure of two schools
- There is now community spread of VOC (meaning that a person has acquired a VOC and does not know where they got it from – no travel history/no contact with positive cases/and were not in an outbreak setting)
- Both the Nipissing and Parry Sound districts have VOCs. The District of Parry Sound has two individuals who have preliminary positives for VOCs who do not know where they acquired the virus; we are still awaiting confirmation of the strain. The Nipissing District has an outbreak associated to VOCs, specifically the COVID-19 VOC originating from South Africa, and recently an individual not associated with the outbreak tested positive for COVID-19 with a preliminary positive of a VOC
- Due to vaccine shortages, only first doses have been given to all long-term care home (LTCH) residents, high risk retirement home residents, elder care First Nations individuals and staff

- Only a few health care workers in LTCHs were vaccinated
- No hospital health care workers throughout the four hospitals in our district have been immunized and they put their lives on the line every day to keep you and I well
- Hospitals within our district have limited resources and surge capacity especially if health care workers become ill with VOCs
- Other vulnerable populations within the community have yet to be immunized

Public Health measures can help to slow the spread of the virus, prevent everyone from becoming ill at the same time and prevent our health care system from being overrun. However, these Public Health measures must begin early; they need to be strict and must be followed. We have also learned that loosening restrictions increases social interaction and increases the risk of spreading the virus.

We have a small window of opportunity to try to stop the spread of VOCs in our communities. If we do not continue precautions to prevent a surge of COVID-19 VOCs, more people will become ill and more people will die. We may then require measures such as prolonged shutdowns or school closures, which will have profound harmful effects on youth and people struggling with poor mental health, violence, or addictions.

For all of the reasons cited, I recommended to government to remain out of the Response Framework similar to Toronto and Peel and continue in Shutdown with the Stay-at-Home Order in place. While I understand the frustration and hardship, now is not the time to be opening up.

## Programs and Services Updates

### Corporate Services

#### *Building and Maintenance*

Building and Maintenance has:

- Obtained furniture quotes for revisions to Oral Health staff office
- Received and installed air purifiers for Oral Health operatories
- Installed new fire alarm speakers in specific offices for notifications purposes during a code event
- Received, installed, and calibrated vaccine freezer for COVID vaccine.
- Daily monitoring of PPE cleaning supplies for COVID-19 (sanitizer and disinfectant).
- Researching offsite storage solutions.
- Adjusted counters in public spaces to comply with AODA regulations.

#### *Communications*

##### **Media Relations**

Throughout January and early February, the Health Unit has issued 9 public service announcements and 15 news releases, the majority related to COVID-19. In addition, two virtual media conferences and one question and answer virtual conference with members of municipalities also took place to answer

questions related to local COVID-19 issues. In addition, Communications has responded to a number of media inquiries related to COVID-19.

### **Coronavirus**

Communications staff continue to sit at a number of internal tables to support ongoing COVID-19 response work including Incident Management Structure, COVID-19 Immunization Task Force, Schools COVID-19 Response, and Surveillance and Outbreak investigations. In the coming months efforts will be shifted to operationalize a comprehensive communications plan to support the Health Unit's COVID-19 Vaccination Rollout.

### *Emergency Preparedness*

#### **Manage/coordinate Health Unit emergency response activities:**

- Emergency Management is monitoring the COVID-19 Pandemic and the emergence of the Variants of Concern. The Manager, Emergency Management has been attending provincial conference calls, monitoring the situation locally, provincially, nationally, and internationally.
- Emergency Management has been coordinating and continues to coordinate regular Incident Management System meetings in response to COVID-19.

#### **Collaborate with municipalities, governments, and emergency management stakeholders to incorporate Health Unit activities into their emergency response planning and education:**

- The Manager of Emergency Management is continuing to represent the Health Unit at regular municipal emergency control group meetings. Additionally, as the Health Unit Liaison Officer for municipalities, is responding to inquiries from municipal and provincial partners.
- Emergency Management is working with the Director of Immunization Strategy to coordinate and plan COVID-19 vaccine clinics within the municipalities.

### *Information Technology*

Information Technology has:

- Provided upgrades to backup server, virtual environment, video conference hardware, and desk phones
- Implemented phone system migration
- Implemented financial system upgrade (Sparkrock)
- Provided network speed enhancements in Parry Sound and North Bay offices
- Provided ongoing support for case and contact management
- Provided ongoing support for staff working from home
- Provided technical support for COVID-19 immunization clinics

### *Planning and Evaluation*

#### **Population Health Assessment and Surveillance**

##### **COVID-19 Surveillance:**

An internal COVID-19 surveillance team have created several analytic systems to assist the Health Unit's response to the COVID-19 pandemic locally, including:

- Updating the public website with relevant COVID-19 statistics (e.g., testing numbers, case counts, outbreak counts, detailed case information) on weekdays
- Disseminating weekly internal epidemiological summaries

- Creation of an internal dashboard tracking local indicators in relation to the province's [COVID-19 response framework](#)

As well as internal briefing notes consolidating local data and known evidence surrounding:

- COVID-19 and social determinants of health
- Testing estimates among school-aged children
- Testing in South East Parry Sound
- Recommendations on restrictions by COVID-19 categorization level

### **COVID-19 Immunization:**

Population estimates for groups outlined in the province's phased rollout for COVID-19 vaccinations will continue to be calculated and collated for the Health Unit's use in planning mass immunization clinics. COVID-19 vaccination statistics will be analyzed and select measures will be reported publicly. Organization is underway to enable the future evaluation of COVID-19 immunization clinics using information gathered through clinic surveys, from staff/volunteers, and the provincial vaccine documentation database.

### **Overdose Reporting System:**

Information collected through this system is sent to more than 130 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. Planning and Evaluation presented information on the overdose reporting system to board members of the District of Nipissing Social Services Administration Board (DNSSAB) on January 27, 2021, and will present to staff of the DNSSAB on February 25, 2021, as part of their virtual all staff meeting.

### **Ontario Student Drug Use & Health Survey (OSDUHS):**

The Health Unit continues to work with Centre for Addiction and Mental Health (CAMH) and several other health units to implement the next round of the OSDUHS. The Survey was delayed and reformatted (it is now an online survey) due to the COVID-19 pandemic. It is anticipated to begin in October of this year. Data acquired from the oversampling of local schools will enable the Health Unit to better analyse mental health, substance use, and well-being indicators.

### **COVID-19 Community Survey:**

In consultation with several community agencies as well as both DSSABs, the Health Unit launched the COVID-19 Community Survey on January 4, 2021. The survey ran until February 15, 2021, and asked respondents about the impacts of COVID-19 on their lives. Topics include mental health, physical health, substance use, access to programs/services, child well-being, parental concerns, income, and access to basic needs. Data from the survey will be analysed and shared widely with community partners to inform efforts to mitigate the negative impacts of COVID-19 on local residents.

### **Health Equity**

#### **Safer and Positive Spaces:**

- a. Two 'Gender Diverse & Primary Care' training sessions were held in March 2020. These trainings were facilitated by Rainbow Health Ontario (RHO) 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. A virtual training session hosted by RHO on 'Transition-Related Hormones in Primary Care' was offered in December 2020 to assist health care providers in the initiation and monitoring of hormone therapy for trans, non-binary, and gender non-conforming patients in primary care in Northeastern Ontario.

- b. Participation in five Everyone Counts 2020 Training Sessions to present on intersection of LGBTQ2S+ and homelessness – and the collection of data on gender and sexual orientation.

### **New Health Unit Equity Policy:**

Approval of new Operational Policy: Diversity, Inclusion and Equity to affirm that the Health Unit's organizational culture and workplace respects all individuals; identifies and removes discriminatory biases and systemic barriers; and supports human rights, equity, diversity, and inclusivity.

### **Urban Health Outreach:**

The results of the project were presented at the Canadian Public Health Association 2020 Virtual Conference in October 2020.

### **Equitable Face Coverings:**

Cloth face coverings sourced from local sellers were made available free of charge to Health Unit clients who may experience barriers to acquiring them.

### ***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) is currently on hold until September 2021 as program participants are focusing their efforts on the pandemic response.

### ***Quality Assurance***

Year-end numbers for 2020 for Quality Issue Reports are: 83 QIRs completed (closed), 15 at level 0 (near miss), 48 at level 1 (incident did occur but no harm, loss, or damage), 20 at level 2 (temporary or minor harm, loss, or damage – recovery in days/weeks). A majority of issues (48 of 83) were classified as impacting people (third party, personnel or client), 27 were related to organizational/professional standards, 1 was related to reputation, and 7 were related to resources (equipment or service delivery).

2021 to date totals are: 5 QIRs completed (closed), 1 at level 0, 2 at level 1, and 2 at level 2.

Classifications are as follows: 3 impacting people (third party, personnel, or client) and 2 related to organizational/professional standards.

## **Clinical Services**

### ***Nursing Practice***

#### **Position Filled**

The Nursing Practice Manager position was filled, and the new staff member started on January 4, 2021. This is a temporary position for a one-year term.

### **Nursing Professional Resource Group has new format**

The Nursing Practice Manager in collaboration with the Nursing Practice Advisory Committee has created a new format for the Nursing Professional Resource Group (PRG). The group has not been able to meet since September of 2019. The purpose of the PRG is to offer nurses a forum to discuss practice standards, nursing competencies, and professional development to improve the quality of services we can provide as nurses. The new format offers the nurses to meet virtually for a full 30 minutes, which is broken down into 15 minute presentation on a focused topic, followed by a 15 minute professional practice discussion regarding the topic. The topic focus has been related to vaccine, and vaccine deployment. This will expand to other issues as the learning needs for COVID-19 vaccine reduce over time.

### **Student Placements**

The Health Unit has 21 confirmed student placements for the 2021 winter semester, 16 of the 21 students are third-year nursing students from Nipissing University working on collaboration projects. These projects are with Communicable Disease Control, Vaccine Preventable Diseases, Healthy Schools, and Healthy Living. The enrolled students are studying in the fields of dietetics, social work, nursing, education, and public health, and they are from various schools across Ontario including Nipissing University, Queen's University, and Northern Ontario School of Medicine. All placements are virtual this semester, and this format has allowed the Health Unit to continue to support students in their growth, while following public health COVID-19 recommendations and guidelines. It is well known that supporting students contributes to workforce development as it provides leadership opportunities to staff and builds public health competencies in students.

### **Updates to Medical Directives, and Policy and Procedures**

The Health Unit is in the process of moving work instructions into a new format of policies, procedures, and medical directives. The Nurse Practice Manager has taken on updating work instructions related to Privacy, Documentation, and Professional Practice in the new format. The Nurse Practice Manager also acts as a support to other programs in creating and updating medical directives and work instructions into the new format.

### **Oral Health**

COVID-19 has caused many changes in the Oral Health program. Regulatory and COVID-19 operational requirements have necessitated the addition of doors and air-purifiers to each of our dental operatories. Screening for COVID-19 symptoms at the time of booking and upon arrival to the Health Unit has been implemented, and symptomatic patients are being rescheduled unless emergency care is required. Enhanced precautions have been implemented in the clinic, based on evidence-informed guidance from Public Health Ontario, the Royal College of Dental Surgeons of Ontario, and the College of Dental Hygienist of Ontario.

Oral health screening in schools has been put on hold at this time. Preventative hygiene and dental services for urgent care and non-urgent areas of decay continue for children, adults, and seniors at our Oral Health Clinic.



We are pleased to announce that a part-time dentist has joined our team for the new Ontario Seniors Dental Care Program (OSDCP). Through the OSDCP, we continue to work with dentists and denturists across our district in an effort to ensure that patients have access to dental care close to home.

## *Sexual Health*

### **Needle Syringe Program - Terminology Change**

A terminology change that has been implemented in Ontario recently is currently being incorporated into the language being used by the Health Unit as it relates to the term “Needle Exchange”. The term “Exchange” implies that sharps have to be returned in order to obtain new supplies, which is not the case. The practice of exchanging used equipment for new equipment is not considered best practice, and rather has been found to act as a significant barrier or deterrent for accessing the services.

Therefore, moving forward, you will notice the use of the term Needle Syringe Program as opposed to Needle Exchange Program.

### **Needle Syringe Program-Needs Assessment**

In the spring of 2019, the Sexual Health/Community Information Program in partnership with other Needle Syringe Program (NSP) providers in the North Bay community led a needs assessment to better understand the needle syringe service needs of people who use drugs in North Bay. This was the result of significant changes to the delivery of NSP services in the Health Unit district. In October 2020, the Health Unit presented the findings to the Northern Points Needle Exchange (NPNE) Committee along with a facilitated exercise to reflect on the findings. In the coming months, the NPNE Committee will be working on developing actionable recommendations moving forward.

### **Sexual Health Clinical Services**

Throughout the COVID-19 pandemic, the Sexual Health program has had to adapt its service delivery model to continue to provide much needed sexual health services to clients in our community that aligns with the health unit values of excellence, accountability and collaboration. Some examples of adapted services include virtual services over the phone (when safe to do so) and implementation of best-practice recommendations regarding continued access to contraception during the pandemic. We also continue to communicate with primary health care providers in the community to ensure that they are aware of updated recommendations as it relates to sexual health and sexually transmitted infections.

## *Vaccine Preventable Diseases*

### **Vaccine Administration**

The Vaccine Preventable Diseases (VPD) program continues to offer in-house clinics for school vaccines, influenza vaccines, and regular and high-risk clients. Travel vaccines remain available; however, uptake has dramatically declined as a result of COVID-19 travel restrictions.

This year, there was excellent uptake of influenza vaccine across the district with numbers more than doubling the previous influenza season. In 2020-2021, the Health Unit administered 3045 in-house vaccines (compared with 2,133 in 2019-2020) and 1,922 during community clinics (compared with 168 in 2019-2020) for a total of 4,968 doses to date. In 2019-2020, we provided a total of 2,301 doses through

to the end of June 2020. This coupled with Public Health COVID-19 restrictions has resulted in zero reported lab-confirmed cases of influenza in our district to date in this reporting year.

### **Record Assessments**

Regular receipt and review of immunization records for childcare and school-aged children are being completed. Due to COVID-19 restrictions, VPD has been unable to host in-school clinics, however, letters identifying students with due or overdue records of immunization have been mailed out to parents as reminders to have their children immunized or records updated. This, in an effort to ensure as many students as possible remain fully immunized supporting the safest learning environment possible, now and beyond the COVID-19 pandemic.

### **Other Activities**

The VPD team has offered strong support to the COVID-19 Immunization Task Force. Public health nurses and program administrative assistants have been deployed to provide leadership and expertise to community clinics in phase 1 of the vaccine rollout.

## **Community Services**

### *Environmental Health*

With the announcement of a provincial lockdown effective December 26, 2020, at 12:01 a.m., public health inspectors have completed 500 surveillance inspections of all types of business affected by the lockdown. Overall inspectors have observed a high level of compliance. Response to complaints of premises not complying with COVID-19 protocols continues with a majority of complaints relating to: masking, physical distancing, crowded stores, and operating in-store shopping when only allowed curbside shopping.

Environmental Health is also supporting other aspects of the COVID-19 response within the Health Unit including: working with Health Unit call centre staff to provide a clear consistent message to questions and concerns raised under the Reopening Ontario (A Flexible Response to COVID-19) Act 2020; case and contact management and tracing within the CDC program; and, being a part of the Infection Prevention and Control (IPAC) Hub Team project.

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, consultation and results interpretation, animal bite investigation, inspections of food premises, and health hazards complaints when allowed to open. Recruitment continues to fill the two vacant public health inspector positions for North Bay and Parry Sound.

### *Healthy Families*

Mental health and well-being has been repeatedly identified by families as a significant challenge through the pandemic. Under normal circumstances, families with infants and young children experience many stressors as they adjust to the demands of parenting. There is significant additional and prolonged stress associated with the pandemic itself as well as with the unintended secondary impacts associated with the public health measures. Many families are identifying issues with social and physical isolation, lack of interaction and socialization of their children, concerns about child development, relationship strain, financial worries, and extremely limited access to parenting role

models, practical help, or respite. Regional, provincial, and national surveys consistently report higher rates of postpartum mood disorders, anxiety, family violence, and substance use than pre-pandemic rates.

A local community survey exploring the secondary impacts of COVID-19 on our population will be available within the next month and will help inform our next steps and priorities in supporting family mental health.

### **Business continuity during the pandemic**

Direct client services have been prioritized while most health promotion activities have been suspended due to staff deployment and/or implementation barriers. Direct Services that have been maintained and/or modified, include:

- **Healthy Babies Healthy Children (HBHC)**
  - Postpartum phone visit to all families with new baby once home from hospital (assessment, education, support, refer to health care provider)
  - Long term 'with risk' families -home visiting program initially on hold. Waitlist was up to 105 families; now down to 45. Resumed phone visiting and able to do home visits in very limited circumstances. Planning to introduce virtual visiting as option
- **Breastfeeding assessment and intervention** – via telephone and in person in clinics in all offices (reduced number of appointments)
- **Online education** –prenatal education and parenting education (Triple P)
- **Family Health Information Line** – clients and service providers call with questions/referrals related to prenatal, postpartum and young children
- Review, update and post **COVID-19 information for families** on website/social media: pregnancy, postpartum, infant feeding, growth & development, mental health, parenting
- **Positive Parenting key messages campaign** – Launched and completed in September-December 2020. Website, vignettes, posters, billboards, postcards, magnets, social media posts with the following mental health and parenting messages
  - a. Listen, respond, and connect with your child
  - b. Recognize and help your child with their emotions
  - c. Let them play (unstructured but safe)
  - d. Take care of yourself (parent's mental health)

### **Healthy Living**

The COVID-19 pandemic and necessary public health measures have presented unique challenges for all populations in the region. Mental health impacts such as increased social isolation, depression, anxiety, substance use, and stress are well documented at the provincial and national level. As such, the Health Unit recently identified mental health promotion as a high priority in its response. To address and mitigate current and long-term mental health consequences, a comprehensive mental health promotion approach is required. Key initiatives currently underway include:

#### **Mental Health Literacy and Population Health Assessment**

Community Services programs are collaborating on a '5 Ways to Well-being' mental health literacy initiative targeting children, youth, parents, and caregivers. The initiative aims to increase awareness

and adoption of evidence-based strategies that improve mental health and coping abilities. Activities and messaging will be tailored based on needs identified in the Health Unit's COVID-19 Community Survey, which seeks to understand the secondary impacts of the COVID-19 pandemic.

### **Promotion of Healthy Public Policy**

The Health Unit continues to promote healthy public policies that address structural factors impacting population mental health such as income, housing, and food insecurity. For example, the Health Unit is:

- Providing a response letter to the Government of Ontario, which includes recommendations for strengthening the newly released poverty reduction strategy, *Building a Strong Foundation for Success: Reducing Poverty in Ontario (2020-2025)*;
- Engaging Nipissing District Homelessness and Housing Partnership in upstream action to address drivers of homelessness, such as low income and lack of affordable housing, and communicate local needs to all levels of government; and
- Supporting the advocacy efforts of the Ontario Dietitians in Public Health (ODPH) related to food insecurity, including: participating on the writing team for the recently released [Position Statement and Recommendations on Responses to Food Insecurity](#), providing [feedback](#) to the Government of Ontario on the poverty reduction strategy, and providing a submission for the federal pre-budget consultation highlighting the importance of ongoing surveillance and setting targets for reduction of food insecurity in Canada.

### **Facilitation of Equity-informed Decision Making**

A Health Equity Action Tool (HEAT-C19) is an internal tool in development that will support the facilitation of equitable decision-making in the context of the COVID-19 pandemic. It will support leadership and staff to identify groups impacted by inequities, understand the impact of a decision on social and structural inequities, adapt the course of action to decrease inequities, and mobilize outcomes of equity assessment.

### **Healthy Schools**

During December 2020 and January 2021, Healthy Schools call center supported 320 callers with an even split between families of students and schools or childcare centers. The team has worked closely with school board partners supporting positive school-based cases and changes in Ministry of Health protocols, including face masking of grades 1-3, enhanced screening protocols, and opportunity for increased testing of asymptomatic students.

To date, three schools in two school boards have been affected by a single positive case in each. A situational survey developed and disseminated to schools and boards to determine pressing COVID-19 and school health needs had a return rate of 85%. Health promotion messaging is being developed based on results to support school needs.

### **Finance**

The Finance team worked on the following in the last month:

- Year-end accounting and reconciliations
- Ministry of Health fourth quarter reporting, including the COVID-19 report
- Assisting COVID-19 Immunization Task Force obtain and set up a supplies process

- Work related to planning for an update to a cloud-based accounting system to solve some technical issues and make the program more accessible when working from home
- Filing Ministry weekly Personal Protective Equipment Reports and maintaining inventory levels
- Conducted interviews for a Shipping/Receiving, Print Shop Clerk for the Shared Storage to fill a vacancy

## Human Resources

### *Compensation*

Retroactive adjustments, lump sum payments, and salary grid changes are complete following negotiations with each employee group. Changes to attendance allocations and employee benefits have also been completed.

Year-end activities are underway such as the issuance of T4s and year-end reports for Employer Health Tax, Workplace Safety and Insurance Board (WSIB), and Ontario Municipal Employees Retirement System (OMERS).

### *Employee & Labour Relations*

The OPSEU and ONA collective agreements and the Management/Non-Union Employment Policy are in the process of being revised and will be issued in the next few weeks. We continue to have on-going discussions with OPSEU and ONA as issues arise in our response to the pandemic.

The next Joint OPSEU/ONA/Management committee meeting is scheduled for March 11, 2021. The December 17, 2020, was cancelled due to lack of quorum as well as the meeting that was rescheduled on February 1, 2021, for the same reason.

### *Occupational Health and Safety*

The Health Unit has developed a COVID-19 Workplace Safety Plan (the plan) – a 64-page document that outlines expectations, guidelines, procedures, and controls in place to prevent the spread of COVID-19. Since March 2020, the plan has been kept current following requirements and guidance from various regulatory bodies and other health and safety partners. Each update to the plan is communicated to staff, which includes members of the Joint Health and Safety Committee. Staff have completed training to affirm their understanding of the plan. The plan includes:

- Summary of actions taken to date
- Risk assessment of program/service activities
- (Ongoing) action plan
- Employee responsibilities
- Manager responsibilities
- Frequently Asked Questions (addressing screening, testing, contacts, personal protective equipment, face coverings, cleaning, hand hygiene, mental health, and special circumstances)
- Internal Protective Measures for Staff, Clients, and Visitors
- Risk Assessment and Management of Occupational Exposure to COVID-19
- COVID-19 Workplace Decision Guide
- Posters/videos for donning/doffing personal protective equipment for droplet, contact, and airborne precautions

*Approved by*

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