

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

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# 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<sub>ON</sub> 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 issues 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.

*Approved by*

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