



March 25, 2020 Board of Health Meeting

BOARD OF HEALTH MEETING

Algoma Community Room / Teleconference

294 Willow Avenue

Sault Ste. Marie, P6B 0A9

www.algomapublichealth.com

Meeting Book - March 25, 2020 Board of Health Meeting

Algoma Public Health Board of Health Meeting Table of Contents

1. Call to Order	
a. Declaration of Conflict of Interest	
<hr/>	
2. Adoption of Agenda	
a. March 25, 2020 BOH Agenda	Page 4
<hr/>	
3. Adoption of Minutes	
a. February 26, 2020 BOH Meeting Minutes	Page 7
<hr/>	
4. Delegation/Presentations	
<hr/>	
5. Business Arising	
<hr/>	
6. Reports to Board	
a. Medical Officer of Health and Chief Executive Officer Report	
b. Finance and Audit	
i. Financial Statements for the period ending January 31, 2020	Page 12
c. Governance Committee	
<hr/>	
7. New Business	
<hr/>	
8. Correspondence	
a. News Release from newsroom@ontario.ca regarding Ontario Protecting Children and Youth from Dangers of Vaping dated February 28, 2020.	Page 19
b. Motion from Grey Bruce Health Unit regarding The Harms of Vaping and the Next Steps for Regulation dated March 3, 2020.	Page 21
c. Motions from Grey Bruce Health Unit regarding Comprehensive Measures to Address the Rise of Vaping in Canada dated March 3, 2020.	Page 24
d. Letter to Peterborough Public Health regarding Support for a Seamless Provincial Immunization Registry dated March 5, 2020.	Page 27
e. Communication regarding alpha's Submission: COVID-19 and Reconsiderations Related to Public	Page 29

Health Modernization dated March 10, 2020.

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| f. News Release from newsroom@ontario.ca regarding Premier Ford Announces Job Protection for Workers during the COVID-19 Situation dated March 16, 2020. | Page 32 |
| g. News Release from newsroom@ontario.ca regarding Statement from Minister Elliott and Minister Smith on the Social Services Sector's Response to COVID-19 dated March 16, 2020. | Page 34 |
| h. News Release from newsroom@ontario.ca regarding Enhanced Measures to Protect Ontarians from COVID-19 dated March 16, 2020. | Page 36 |
| i. News Release from newsroom@ontario.ca regarding Ontario Takes Further Action to Contain the Spread of COVID-19 dated March 16, 2020. | Page 39 |
| j. News Release from newsroom@ontario.ca regarding Ontario Enacts Declaration of Emergency to Protect the Public dated March 17, 2020. | Page 41 |
| k. Letter from ALPHA to the Premier of Ontario regarding Board Meetings and Social Distancing dated March 17, 2020. | Page 44 |
| l. Communication from the Office of CMOH regarding Managing Health Worker Illness and Return to Work COVID 19 dated March 19, 2020 | Page 46 |
| m. Communication from the Office of CMOH regarding Ontario Supporting Workers, Municipalities and Retailers in Response to COVID-19 dated March 19, 2020 | Page 49 |

9. Items for Information

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

- a. Meeting Dates

15. Adjournment

Board of Health Meeting

AGENDA

March 25, 2020 at 5:00 pm

1-866-602-7211, 5559372# | Algoma Community Room

*** Meeting held during the provincially declared emergency**

BOARD MEMBERS

Lee Mason
Ed Pearce
Deborah Graystone
Dr. Patricia Avery
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould
Matthew Scott

APH EXECUTIVE

Dr. Marlene Spruyt - Medical Officer of Health/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

1.0 Meeting Called to Order

L. Mason

a. Declaration of Conflict of Interest

2.0 Adoption of Agenda

L. Mason

RESOLUTION

THAT the Board of Health agenda dated March 25, 2020 be approved as presented.

3.0 Delegations / Presentations

M. Spruyt

4.0 Adoption of Minutes of Previous Meeting

L. Mason

RESOLUTION

THAT the Board of Health minutes dated February 26, 2020 be approved as presented.

5.0 Business Arising from Minutes

L. Mason

6.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports

M. Spruyt

- i. MOH Report, March 2020 - includes verbal COVID-19 update

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for March 2020 be accepted as presented.

b. Finance and Audit

i. Financial Statements

E. Pearce

RESOLUTION

THAT the Board of Health approves the unaudited Financial Statements for the period ending January 31, 2020 as presented.

7.0 New Business/General Business

L. Mason

8.0 Correspondence

L. Mason

- a. News Release from newsroom@ontario.ca regarding **Ontario Protecting Children and Youth from Dangers of Vaping** dated February 28, 2020.
- b. Motion from Grey Bruce Health Unit regarding **The Harms of Vaping and the Next Steps for Regulation** dated March 3, 2020.
- c. Motions from Grey Bruce Health Unit regarding **Comprehensive Measures to Address the Rise of Vaping in Canada** dated March 3, 2020.
- d. Letter to Peterborough Public Health regarding Support for a **Seamless Provincial Immunization Registry** dated March 5, 2020.
- e. Communication regarding **alpha's Submission: COVID-19 and Reconsiderations Related to Public Health Modernization** dated March 10, 2020.
- f. News Release from newsroom@ontario.ca regarding **Premier Ford Announces Job Protection for Workers during the COVID-19 Situation** dated March 16, 2020.
- g. News Release from newsroom@ontario.ca regarding **Statement from Minister Elliott and Minister Smith on the Social Services Sector's Response to COVID-19** dated March 16, 2020.
- h. News Release from newsroom@ontario.ca regarding **Enhanced Measures to Protect Ontarians from COVID-19** dated March 16, 2020.
- i. News Release from newsroom@ontario.ca regarding **Ontario Takes Further Action to Contain the Spread of COVID-19** dated March 16, 2020.
- j. News Release from newsroom@ontario.ca regarding **Ontario Enacts Declaration of Emergency to Protect the Public** dated March 17, 2020.
- k. Letter from alpha to the Premier of Ontario regarding **Board Meetings and Social Distancing** dated March 17, 2020

- I. Communication from the Office of CMOH regarding **Managing Health Worker Illness and Return to Work COVID 19** dated March 19, 2020
- m. Communication from the Office of CMOH regarding **Ontario Supporting Workers, Municipalities and Retailers in Response to COVID-19** dated March 19, 2020

9.0 Items for Information *L. Mason*

10.0 Addendum *L. Mason*

11.0 In-Camera *L. Mason*

For discussion of labour relations and employee negotiations, matters about identifiable individuals, adoption of in camera minutes, security of the property of the board, litigation or potential litigation.

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting *L. Mason*

Resolutions resulting from in-camera meeting.

13.0 Announcements / Next Committee Meetings: *L. Mason*

Finance & Audit Committee Meeting

April 8, 2020 @ 4:30 pm
Algoma Community Room

Board of Health Meeting:

April 22, 2020 @ 5:00 pm
Algoma Community Room

Governance Committee Meeting

June 17, 2020 @ 4:30 pm
Algoma Community Room

14.0 Evaluation *L. Mason*

15.0 Adjournment *L. Mason*

RESOLUTION

THAT the Board of Health meeting adjourns.



**Board of Health Meeting
MINUTES
February 26, 2020 at 5:00 pm
Algoma Community Room**

PRESENT : BOARD MEMBERS

Lee Mason
Ed Pearce
Deborah Graystone
Louise Caicco Tett
Sally Hagman
Micheline Hatfield
Adrienne Kappes
Dr. Heather O'Brien
Brent Rankin
Karen Raybould
Matthew Scott

APH EXECUTIVE

Dr. Marlene Spruyt - Medical Officer of Health/CEO
Dr. Jennifer Loo - AMOH & Director of Health Protection
Justin Pino - CFO /Director of Operations
Antoniette Tomie - Director of Human Resources
Laurie Zeppa - Director of Health Promotion & Prevention
Tania Caputo - Board Secretary

REGRETS : Dr. Patricia Avery

1.0 Meeting Called to Order

- a. Declaration of Conflict of Interest

CARRIED

2.0 Adoption of Agenda

**RESOLUTION
2020-12**

Moved: S. Hagman

Seconded: K. Raybould

THAT the Board of Health agenda dated February 26, 2020 be approved as presented.

CARRIED

3.0 Delegations / Presentations

- a. An educational session is agenda item 10.

4.0 Adoption of Minutes of Previous Meeting

**RESOLUTION
2020-13**

Moved: H. O'Brien

Seconded: A. Kappes

THAT the Board of Health minutes dated January 22, 2020 be approved as presented.

CARRIED

5.0 Reports to the Board

- a. **Medical Officer of Health and Chief Executive Officer Reports**

- i. MOH Report - February 2020

M.Spruyt provided an update on COVID-19 and the work taking place behind the scenes in Public Health.

**RESOLUTION
2020-14**

Moved: B. Rankin

Seconded: A. Kappes

THAT the report of the Medical Officer of Health and CEO for February 2020 be accepted as presented.

CARRIED

b. Finance and Audit

i. Finance and Audit Committee Chair Report

E. Pearce delivered his oral report to the Board of Health.

**RESOLUTION
2020-15**

Moved: E. Pearce
Seconded: M. Hatfield

THAT the report of the Finance and Audit Committee Chair Report be accepted as presented.

CARRIED

ii. Financial Statements

E. Pearce presented an overview of the unaudited financial statements. Discussion regarding the unused portion of funding for dental services and M. Spruyt provided a status update on the Seniors Dental program and the effect on the budget. As the program is developed further the utilization of services should increase. The population able to access the program is approximately 2200 people in Algoma that meet the under \$19,000 income threshold. L.Zeppa provided information on the next phase of the program to reach clients in long-term care.

**RESOLUTION
2020-16**

Moved: E. Pearce
Seconded: H. O'Brien

THAT the Board of Health approves the unaudited Financial Statements for the period ending December 31, 2019 as presented.

CARRIED

iii. 2020 Insurance Coverage

E. Pearce provided an overview of the changes, notably the cost of the insurance and reason for increase in cost. M. Spruyt addressed the question about grouping the policy with another agency noting that the cost to the insurance would not be decreased by this action.

**RESOLUTION
2020-17**

Moved: E. Pearce
Seconded: A. Kappes

THAT the Board of Health has reviewed and accepts the recommendation of the Finance and Audit Committee for the renewal of the 2020 Insurance coverage for APH.

CARRIED

iv. IT Service Contract Briefing Note

E. Pearce presented and provided rationale to renew the current service.

**RESOLUTION
2020-18**

Moved: E. Pearce
Seconded: L. Caicco Tett

THAT the Board of Health has reviewed and accepted the recommendation of the Finance and Audit Committee for approve a one-year SLA contract extension to the existing IT service provider under the same terms and conditions as the existing contract.

CARRIED

6.0 New Business/General Business

Not applicable

7.0 Correspondence

- a. Media Advisory from Peterborough Public Health regarding **Position Paper on Modernizing Ontario's Public Health System** dated January 20, 2020.
- b. Letter to the Minister of Health and Deputy Premier from Windsor Essex County Board of Health regarding **Children Count Pilot Project** dated January 17, 2020.
 - A question was asked regarding work we do related to this and M.Spruyt explained that there is focus on the topic at alPHA.
- c. Letter to the Minister of Health and Deputy Premier from Windsor Essex County Board of Health regarding **Health Smiles Ontario Funding** dated January 17, 2020.
- d. Letter to the Minister of Health from Peterborough Public Health, regarding **E-cigarette & Aerosolized Product Prevention and Cessation** dated January 22, 2020.
- e. Letter to the Minister of Health, Canada from the KFL&A (Kingston, Frontenac and Lennox & Addington) Board of Health regarding **Monitoring of food insecurity and food affordability** dated January 28, 2020.
- f. Letter to the Minister of Transportation and the Minister of Health from Peterborough Public Health regarding **Off Road Vehicles (ORV) and Bills 107 and 132** dated January 29, 2020.
 - A request was made to determine if APH has relevant data to share with the city as they are considering allowing snowmobiles within city limits including on the hub trail. Staff are directed to bring forward data that could inform municipalities on health effects and safety of the population in relation to Off Road Vehicles use on trails.
- g. Letter to the Ministers of Health from Public Health Sudbury & Districts, regarding a resolution supporting a **universal publicly funded healthy school food program** dated January 31, 2020.

8.0 Items for Information

Not applicable

9.0 Addendum

i. Educational Session - Abdel Al-Sharif, Lough Barnes Consulting Group joined by teleconference.

Abdel Al-Sharif presented The Strategic plan by teleconference with an overview of the work to date. Discussion followed about implementation considerations and process moving forward once a strategic plan is approved. J.Loo explained the work of advancing Public Health and evaluation of the eventual results. The Board of Health directed staff to continue with implementation of the Strategic Plan.

RESOLUTION 2020-19	Moved: E. Pearce Seconded: L. Caicco Tett
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THAT the Board of Health has reviewed and approves the Strategic Plan as presented.

CARRIED

10.0 In-Camera - 6:26 pm

For discussion of labour relations and employee negotiations, matters about identifiable individuals, adoption of in camera minutes, security of the property of the board, litigation or potential litigation.

RESOLUTION 2020-20	Moved: H. O'Brien Seconded: K. Raybould
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THAT the Board of Health go in-camera.

CARRIED

11.0 Open Meeting - 6:48 pm

Resolutions resulting from in-camera meeting.

CUPE Memorandum of Settlement

RESOLUTION 2020-23	Moved: M. Hatfield Seconded: M. Scott
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THAT the Board of Health ratifies the memorandum of settlement between Canadian Union of Public Employees (CUPE) and the Board of Health of the District of Algoma Health Unit as presented.

CARRIED

12.0 Announcements / Next Committee Meetings:

Staff Appreciation Day

March 6, 2020 - 8:45 am - 12:00 pm

SSM Community Rooms A & B, and
District Offices in Wawa, Elliot Lake and
Blind River

Governance Committee Meeting

March 11, 2020 @ 5:00 pm

Algoma Community Room

Board of Health Meeting:

March 25, 2020 @ 5:00 pm

Algoma Community Room

Finance & Audit Committee Meeting

April 8, 2020 @ 4:00 pm

Algoma Community Room

13.0 Evaluation

A reminder to complete the evaluation of the meeting in BoardEffect.

14.0 Adjournment

**RESOLUTION
2020-24**

Moved: S. Hagman

Seconded: K. Raybould

THAT the Board of Health meeting adjourns.

CARRIED

Lee Mason, Chair

Tania Caputo, Secretary

Date

Date

**Algoma Public Health
(Unaudited) Financial Statements January 31, 2020**

<u><i>Index</i></u>	<u><i>Page</i></u>
Statement of Operations	1
Statement of Revenues	2
Statement of Expenses - Public Health	3
Notes to the Financial Statements	4-6
Statement of Financial Position	N/A

Algoma Public Health
Statement of Operations
January 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Act. to Bgt. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ YTD Budget 2020
Public Health Programs						
Revenue						
Municipal Levy - Public Health	\$ 947,125	\$ 947,124	\$ 0	\$ 3,788,497	0%	100%
Provincial Grants - Cost Shared Funding	812,162	722,380	89,782	8,668,558	12%	112%
Provincial Grants - Public Health 100% Prov. Funded	64,522	124,815	(60,293)	1,497,786	-48%	52%
Provincial Grants - Mitigation Funding	0	67,378	(67,378)	808,535	-100%	0%
Fees, other grants and recovery of expenditures	26,011	36,985	(10,973)	620,814	-30%	70%
Total Public Health Revenue	\$ 1,849,820	\$ 1,898,682	\$ (48,862)	\$ 15,384,190	-3%	97%
Expenditures						
Public Health Cost Shared	\$ 1,196,502	\$ 1,136,692	\$ (59,811)	\$ 13,898,405	5%	105%
Public Health 100% Prov. Funded Programs	103,634	118,737	15,103	1,485,786	-13%	87%
Total Public Health Programs Expenditures	\$ 1,300,136	\$ 1,255,428	\$ (44,708)	\$ 15,384,190	4%	104%
Total Rev. over Exp. Public Health	\$ 549,683	\$ 643,254	\$ (93,571)	\$ 1		

Healthy Babies Healthy Children

Provincial Grants and Recoveries	\$ 890,011	890,011	-	1,068,011	0%	100%
Expenditures	906,379	890,376	16,003	1,068,011	2%	102%
Excess of Rev. over Exp.	(16,368)	(365)	(16,003)	(0)		

Public Health Programs - Fiscal 19/20

Provincial Grants and Recoveries	\$ 123,760	123,756	(4)	214,500		
Expenditures	75,620	138,500	(62,880)	214,500		
Excess of Rev. over Fiscal Funded	48,140	(14,744)	62,884	-		

Community Health Programs (Non Public Health)

Calendar Programs						
Revenue						
Provincial Grants - Community Health	\$ -	\$ -	\$ -	\$ -		
Municipal, Federal, and Other Funding	23,953	24,312	(359)	316,244	-1%	99%
Total Community Health Revenue	\$ 23,953	\$ 24,312	\$ (359)	\$ 316,244	-1%	99%
Expenditures						
Child Benefits Ontario Works	121	2,042	1,921	24,500	-94%	6%
Algoma CADAP programs	25,351	24,312	(1,039)	291,744	4%	104%
Total Calendar Community Health Programs	\$ 25,472	\$ 26,354	\$ 882	\$ 316,244	-3%	97%
Total Rev. over Exp. Calendar Community Health	\$ (1,519)	\$ (2,042)	\$ 522	\$ 0		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 4,869,510	\$ 4,850,977	\$ 18,533	\$ 5,870,253	0%	100%
Municipal, Federal, and Other Funding	253,677	219,922	33,755	253,547	15%	115%
Other Bill for Service Programs	41,466	-	41,466	-		
Total Community Health Revenue	\$ 5,164,653	\$ 5,070,899	\$ 93,755	\$ 6,123,800	2%	102%
Expenditures						
Brighter Futures for Children	84,053	95,373	11,319	114,447	-12%	88%
Infant Development	516,961	537,026	20,065	644,031	-4%	96%
Preschool Speech and Languages	511,402	512,213	812	640,256	0%	100%
Nurse Practitioner	128,587	128,460	(126)	153,752	0%	100%
Genetics Counseling	0	-	-	-	0%	0%
Community Mental Health	3,012,849	3,098,726	85,878	3,729,308	-3%	97%
Community Alcohol and Drug Assessment	641,979	614,505	(27,474)	737,406	4%	104%
Stay on Your Feet	77,954	83,333	5,379	100,000	-6%	94%
Bill for Service Programs	30,473	-	(30,473)	-		
Misc Fiscal	124	3,833	3,709	4,600		
Total Fiscal Community Health Programs	\$ 5,004,381	\$ 5,073,470	\$ 69,089	\$ 6,123,800	-1%	99%
Total Rev. over Exp. Fiscal Community Health	\$ 160,273	\$ (2,571)	\$ 162,844	\$ (0)		

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months

and variances of 10% and \$10,000 occurring in the final 6 months

**Algoma Public Health
Revenue Statement**

For One Month Ending January 31, 2020
(Unaudited)

	Actual YTD 2020	Budget YTD 2020	Variance Bgt. to Act. 2020	Annual Budget 2020	Variance % Act. to Bgt. 2020	YTD Actual/ Annual Budget 2020	Comparison Prior Year:		
							YTD Actual 2019	YTD BGT 2019	Variance 2019
Levies Sault Ste Marie	667,344	667,344	0	2,669,377	0%	25%	609,525	609,525	0
Levies Vector Borne Disease and Safe Water							14,858	14,858	0
Levies District	279,780	279,780	0	1,119,120	0%	25%	263,322	255,539	7,783
Total Levies	947,125	947,124	0	3,788,497	0%	25%	887,705	879,922	7,783
MOH Public Health Funding	612,076	578,855	33,221	6,946,279	6%	9%	612,076	612,075	1
MOH Funding Needle Exchange	5,392	3,774	1,618	45,290	43%	12%	5,392	5,392	0
MOH Funding Haines Food Safety	2,050	1,435	615	17,220	43%	12%	2,050	2,050	0
MOH Funding Healthy Smiles	64,158	44,911	19,247	538,930	43%	12%	64,158	64,158	(0)
MOH Funding - Social Determinants of Health	15,042	10,529	4,513	126,350	43%	12%	15,042	15,042	0
MOH Funding Chief Nursing Officer	10,126	7,088	3,038	85,050	43%	12%	10,126	10,125	1
MOH Enhanced Funding Safe Water	1,292	904	388	10,850	43%	12%	1,292	1,292	0
MOH Funding Infection Control	26,034	18,224	7,810	218,680	43%	12%	26,034	26,033	1
MOH Funding Diabetes	12,500	8,750	3,750	105,000	43%	12%	12,500	12,500	0
Funding Ontario Tobacco Strategy	36,134	25,294	10,840	303,520	43%	12%	36,134	36,133	1
MOH Funding Harm Reduction	12,500	8,750	3,750	105,000	43%	12%	12,500	12,500	0
MOH Funding Vector Borne Disease	9,058	8,454	604	101,448	7%	9%	9,058	9,058	(0)
MOH Funding Small Drinking Water Systems	5,800	5,413	387	64,960	7%	9%	5,800	5,800	0
Total Public Health Cost Shared Funding	812,162	722,381	89,781	8,668,577	12%	9%	812,162	812,158	4
MOH Funding - MOH / AMOH Top Up	10,538	12,674	(2,136)	152,086	-17%	7%	10,538	10,538	0
MOH Funding Northern Ontario Fruits & Veg.	9,784	9,783	1	117,400	0%	8%	9,782	9,783	(1)
MOH Funding Unorganized	44,200	44,200	0	530,400	0%	8%	44,200	44,200	0
MOH Senior Dental	0	58,158	(58,158)	697,900	-100%	0%	0	0	0
One Time Funding	0	0	0	0	0%	0%	0	0	0
Total Public Health 100% Prov. Funded	64,522	124,815	(60,293)	1,497,786	-48%	4%	64,520	64,521	(1)
Total Public Health Mitigation Funding	0	67,378	(67,378)	808,535	-100%	0%	1,012,248	1,012,242	6
Recoveries from Programs	838	2,292	(1,454)	27,511	-63%	3%	838	838	0
Program Fees	14,917	16,774	(1,857)	201,284	-11%	7%	17,126	19,883	(2,757)
Land Control Fees	5,525	5,000	525	160,000	11%	3%	1,415	5,000	(3,585)
Program Fees Immunization	1,345	9,583	(8,238)	115,000	-86%	1%	10,447	12,917	(2,470)
HPV Vaccine Program	0	0	0	12,500	0%	0%	0	0	0
Influenza Program	0	0	0	25,000	0%	0%	0	0	0
Meningococcal C Program	0	0	0	7,500	0%	0%	0	0	0
Interest Revenue	3,381	3,333	47	40,000	1%	8%	3,573	2,667	906
Other Revenues	5	0	5	32,000	0%	0%	750	3,083	(2,333)
Total Fees, Other Grants and Recoveries	26,011	36,983	(10,972)	620,795	-30%	4%	34,149	44,388	(10,239)
Total Public Health Revenue Annual	\$ 1,849,819	\$ 1,898,682	\$ (48,862)	\$ 15,384,190	-3%	12%	\$ 1,798,536	\$ 1,800,989	\$ (2,453)

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months
and variances of 10% and \$10,000 occurring in the final 6 months

Algoma Public Health
Expense Statement- Public Health
For One Month Ending January 31, 2020
(Unaudited)

	Actual YTD 2019	Budget YTD 2019	Variance Act. to Bgt. 2019	Annual Budget 2019	Variance % Act. to Bgt. 2019	YTD Actual/ Budget 2019	Comparison Prior Year:		
							YTD Actual 2018	YTD BGT 2018	Variance 2018
Salaries & Wages	\$ 805,202	\$ 781,184	\$ (24,018)	\$ 9,391,091	3%	9%	\$ 745,963	\$ 752,617	\$ 6,654
Benefits	216,526	193,811	(22,714)	2,286,778	12%	9%	203,647	182,091	(21,556)
Travel	18,611	16,640	(1,971)	199,676	12%	9%	55,073	68,542	13,469
Program	52,943	50,168	(2,775)	669,660	6%	8%	10,750	8,629	(2,122)
Office	7,049	5,642	(1,407)	67,700	25%	10%	66,438	63,160	(3,278)
Computer Services	69,050	60,056	(8,995)	853,146	15%	8%	23,666	18,974	(4,692)
Telecommunications	14,912	23,301	8,389	279,612	-36%	5%	3,282	5,244	1,963
Program Promotion	2,217	7,764	5,548	94,173	-71%	2%	(72,412)	(86,224)	(13,812)
Professional Development	6,108	11,292	5,184	135,500	-46%	5%	76,747	94,283	17,536
Facilities Expenses	59,745	64,535	4,789	774,417	-7%	8%	67,218	63,333	(3,885)
Fees & Insurance	16,228	9,490	(6,738)	253,880	71%	6%	12,583	9,340	(3,243)
Debt Management	38,408	38,408	0	460,900	0%	8%	38,408	38,408	0
Recoveries	(6,862)	(6,862)	(0)	(82,343)	0%	8%	(8,728)	(8,727)	0
	\$ 1,300,137	\$ 1,255,428	\$ (44,708)	\$ 15,384,190	4%	8%	\$ 1,222,635	\$ 1,209,669	\$ (12,966)

Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months
and variances of 10% and \$10,000 occurring in the final 6 months

Notes to Financial Statements – January 2020

Reporting Period

The January 2020 financial reports include one-month of financial results for Public Health and the following calendar programs: Child Benefits Ontario Works, and Algoma CADAP programs. All other programs are reporting ten-month result from operations year ended March 31 2020.

Statement of Operations (see page 1)

Summary – Public Health and Non Public Health Programs

As of January 31 2020, Public Health programs are reporting a \$94k negative variance.

Public Health Revenues are indicating a \$49k negative variance. Timing of receipts associated with the 100% Provincially Funded Seniors Dental program is contributing to this negative variance. Additionally, the provincial government had indicated that they would be providing one-time mitigation funding in 2020 to assist all public health units and municipalities in managing funding formula changes. As of January 31 2020 Mitigation Funding associated with changes to the cost-sharing formula have not flowed to health units. As a result, this is also contributing to the negative variance associated with Public Health Revenues.

APH's Public Health programs are early in the calendar year and as such, actual expenses are relatively aligned with budgeted expenses.

There is a negative variance of \$45k related to Total Public Health expenses being more than budgeted. This is a result of timing of expenses incurred. Salary and Wages expense is indicating a negative \$24k variance and Benefits expense is indicating a negative \$23k variance. This is a result of the month of January consisting of 23 business days as compared to the monthly average of 21.5 days.

APH's Community Health (Non-Public Health) Fiscal Programs are ten-months into the fiscal year.

Brighter Futures for Children Program is indicating a positive \$9k variance. This is a result of timing of expenses not yet incurred.

Notes Continued...

Public Health Revenue (see page 2)

Overall, Public Health funding revenues are indicating a negative \$49k variance.

The municipal levies are within budget.

Cost-Shared Funding is reflecting a \$90k positive variance. Because of the Ministry announcement to change the cost-sharing funding formula from 75% provincial funding to 70% provincial funding, management budgeted accordingly. As of January 31 2020, funding is flowing similar to 2019 ratios causing the positive variance noted.

Offsetting the positive variance noted with Cost-Shared Funding is the negative variances associated with 100% Provincially Funded programs, Public Health Provincial Mitigation Funding, and Fees Other Grants and Recoveries.

100% Provincially Funded programs are showing a negative \$60k variance. This is a result of timing of receipts related to the Ontario Seniors Dental program.

Public Health Mitigation Funding has yet-to-flow with regards changes to the cost-sharing formula further contributing to the overall negative variance associated with Public Health revenues.

Fees, Other Grants & Recoveries are showing a negative variance of \$11k. This is a result of timing of receipts of Fees, Other Grants & Recoveries. APH typically captures the bulk of its fees between the spring and fall months.

Public Health Expenses (see page 3)

As Public Health programs are only one-month into their operating year, variances noted are a result of timing of expenses not-yet incurred. All variance noted fall under the Board of Health threshold of explanation for the first 6 months of the year. Salary & Wages is noted as it is APH's largest cost driver. Additionally, Benefits expense is noted as it is relatively close to the threshold.

Salary & Wages

The \$24k negative variance associated with Salary and Wages expense is a result of January consisting of 23 business days as compared to the monthly average of 21.5 days.

Benefits

Benefits expense is indicating a negative \$23k variance because of the number of business days in January being greater than the monthly average.

Notes Continued...

Financial Position - Balance Sheet (see page 7)

APH's liquidity position continues to be stable and the bank has been reconciled as of January 31 2020. Cash includes \$1.15M in short-term investments.

Long-term debt of \$4.74 million is held by TD Bank @ 1.95% for a 60-month term (amortization period of 180 months) and matures on September 1, 2021. \$277k of the loan relates to the financing of the Elliot Lake office renovations which occurred in 2015 with the balance related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie.

There are no material accounts receivable collection concerns.

NOTE:

Similar to previous years, the Balance Sheet as of January 31 2020 (page 7) is not included as APH is currently completing year-end audit requirements. Once the 2019 annual audited Financial Statements are completed, the Balance Sheet will be provided.

Ontario Protecting Children and Youth from Dangers of Vaping

Province Building Healthier and Safer Communities by Expanding Prevention Initiatives and Services to Help Quit Vaping

February 28, 2020 1:05 P.M.

TORONTO — Following extensive consultation, Ontario is taking further action to protect children and youth from the health risks of vaping, while maintaining adults' access to smoking cessation options.

Today, Christine Elliott, Deputy Premier and Minister of Health, announced that Ontario is proposing regulatory changes that, if approved, would limit where flavoured and high nicotine vapour products are sold at retail. At the same time, the province will expand prevention initiatives and services to quit vaping.

"Young Ontarians are increasingly using and becoming addicted to nicotine vaping products, putting their health at risk," said Elliott. "I've heard directly from concerned parents who grow more worried each and every day about the health of their kids. As a mother myself, I know there's a clear case for action to curb the alarming increase in youth vaping. That's why we are taking a balanced approach that protects our children and youth while also avoiding fuelling an underground market for unsafe vapour products."

Ontario has consulted with health care experts, industry partners, parents and youth to develop protective measures to help keep children and youth safe. The proposed changes include:

1. Increasing access to services to help people quit vaping by expanding Telehealth Ontario;
2. Restricting the retail sale of flavoured vapour products to specialty vape stores and cannabis retail stores, which are restricted to people aged 19 and over, with the exception of menthol, mint and tobacco flavours;
3. Restricting the retail sale of high nicotine vapour products (more than 20mg/ml) to specialty vape stores;
4. Working with major online retailers of vapour products and stakeholders to ensure compliance with age-based sales restrictions for online sales;
5. Requiring specialty vape stores to ensure that vapour product displays, and promotions are not visible from outside their stores;
6. Enhancing mental health and addiction services and resources to include vaping and nicotine addiction; and
7. Establishing a Youth Advisory Committee to provide advice on vaping issues.

Ontario is also calling on the federal government to implement a national tax on vaping products.

"Vaping and the associated risks are a national health concern," said Rod Phillips, Minister of Finance. "I have strongly advocated to the federal government to work with Ontario and other provinces and territories on a national approach to taxing vapour products. Keeping kids safe is a national health concern and the evidence is clear - a tax could be an effective way to deter young people from vaping."

A national vaping tax would minimize regulatory burden and ensure a consistent tax treatment across the country.

Ontario expects the proposed regulation changes, if approved, would come into effect on May 1, 2020, except for the regulatory amendment to restrict the retail sale of high nicotine vapour products, which the province expects would come into effect on July 1, 2020, if approved, to align with the federal changes to labelling of nicotine on products.

QUICK FACTS

- These proposals are in addition to previous action to ban the promotion of vapour products in non-specialty stores, as well as a Minister's Order requiring public hospitals in Ontario to report statistical, non-identifying information related to incidences of vaping-related severe pulmonary disease.
- Evidence indicates there has been a 74 per cent increase in vaping among Canadian youth between the ages of 16 to 19 from 2017 to 2018 (Hammond et al, 2019).
- In 2017, nearly 11 per cent of Ontario youth between grades 7 to 12 used e-cigarettes in the past year, with 19 per cent in grade 12 (Ontario Student Drug Use and Health Survey, 2017).
- Experience suggests increasing costs could be an effective way to reduce vaping use by young people as they are more price-sensitive than other consumers. Higher prices would further deter those who have never smoked from trying these products in the first place, helping to reduce the risks of nicotine addiction and unknown long-term health effects.

LEARN MORE

- [Learn more about the risks of vaping](#)
- [Statement by Deputy Premier and Minister of Health Christine Elliott](#)
- [Protecting Youth from the Dangers of Vaping](#)

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March 3, 2020

Honourable Christine Elliott
Minister of Health
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto ON M7A 1E9

Re: The Harms of Vaping and the Next Steps for Regulation

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached Resolution from Windsor-Essex County Health Unit regarding the next steps for vaping regulation. The following motion was passed:

GBHU BOH Motion 2019-100

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the resolution from Windsor-Essex County Health Unit regarding The Harms of Vaping and the Next Steps for Regulation as presented."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Honourable Doug Ford, Premier of Ontario
Honourable Ginette Petitpas Taylor, Minister of Health
Dr. David Willians, Chief Medical Officer of Health, Ministry of Health
Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units

Working together for a healthier future for all..

101 17th Street East, Owen Sound, Ontario N4K 0A5 www.publichealthgreybruce.on.ca

October 21, 2019

The Honorable Christine Elliott
Minister of Health and Long-Term Care
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9

Dear Minister Elliott:

On October 17, 2019, the Windsor-Essex County Board of Health passed the following Resolution regarding **The Harms of Vaping and the Next Steps for Regulation**. **WECHU's resolution as outlined below calls for amendments to the SFOA restricting the promotion and marketing of vaping products, the sale of flavoured vaping products and asks for all regulations and protections for tobacco such as the Automatic Prohibition (AP) process be applied to vaping retailers:**

Whereas, the WECHU Board of Health has passed three previous resolutions related to vaping to encourage further regulation at the federal, provincial, and local levels of government;

Whereas, the WECHU has submitted feedback independently and through regional collaborations for the increase in regulations related to vaping products;

Whereas, there is evidence that vaping products have short-term negative health effects and contain harmful chemicals like nicotine;

Whereas, the restrictions on the promotion and display of tobacco products and the removal of tobacco flavouring from the retail marketplace has contributed to the reduction of tobacco smoking among young people;

Whereas, Individuals who do not smoke should not start vaping, especially youth, young adults, pregnant women, and those planning on becoming pregnant;

Whereas, vaping rates among young people have increased 74% between 2017 and 2018;

Whereas, Vaping products have the potential to re-normalize smoking and lead to tobacco use among youth;

Now therefore be it resolved that the Windsor-Essex County Board of Health supports the ban on the promotion of vaping products in the retail setting and online, and

Further that, the provincial government further restricts the sale of flavoured vaping products to include only tobacco flavours targeting current smokers who are looking to quit, and

Further that, all regulations related to protecting youth and young people from the harms of tobacco smoke be applied to vaping products.

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,



Gary McNamara
Chair, Board of Health



Theresa Marentette
Chief Executive Officer

c: Hon. Doug Ford, Premier of Ontario
Hon. Ginette Petitpas Taylor, Minister of Health
Hon. David Lametti, Minister of Justice and Attorney General of Canada
Dr. David Williams, Chief Medical Officer of Health, Ministry of Health & Long Term Care
Pegeen Walsh, Executive Director, Ontario Public Health Association
Centre for Addiction and Mental Health
Association of Local Public Health Agencies – Loretta Ryan
Ontario Boards of Health
WECHU Board of Health
Corporation of the City of Windsor – Clerk's office
Corporation of the County of Essex – Clerk's office
Local MPP's – Percy Hatfield, Lisa Gretzky, Taras Natyshak, Rick Nicholls
Local MP's – Brian Masse, Irek Kusmeirczyk, Chris Lewis

March 3, 2020

Honourable Patty Hajdu
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Sent via email: patty.hajdu@parl.gc.ca

Re: Comprehensive Measures to Address the Rise of Vaping in Canada

On November 22, 2019 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding measures to address the rise in Vaping. The following motion was passed:

GBHU BOH Motion 2019-99

Moved by: Selwyn Hicks Seconded by: Anne Eadie
"THAT, the Board of Health endorse the correspondence from Kingston Frontenac and Lennox & Addington Public Health regarding Comprehensive Measures to Address the Rise of Vaping in Canada as presented."

Carried

Sincerely,



Mitch Twolan
Chair, Board of Health
Grey Bruce Health Unit

Encl.

Cc: Alex Ruff, MP Bruce-Grey-Owen Sound
Terry Dowdall, MP Simcoe-Grey
Benn Lobb, MP Huron-Bruce
Association of Local Public Health Agencies
Ontario Health Units



October 16, 2019

Via E-mail: Ginette.PetitpasTaylor@parl.gc.ca

The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada
Address Locator 0900C2
Ottawa, ON K1A 0K9

Dear Minister Petitpas Taylor:

Re: Comprehensive measures to address the rise of vaping in Canada

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health is writing to you to express deep concerns about the rising vaping rates among youth and young adults in Canada. The sharp increase in youth vaping rates is especially concerning given the availability and promotion of vapour products containing nicotine, the impact of nicotine on the developing brain, and the recent upward trending of cigarette smoking among this population. Our concerns are further compounded by the vaping-related pulmonary disease reports emerging in the United States and Canada.

While vapour products are generally regarded as safer than combustible tobacco cigarettes, these products are not risk-free and are known to contain and emit potentially toxic substances. The emerging concerns surrounding vaping calls for a regulatory framework that provides equal protection for all Canadians.

A suite of robust measures is needed to address the rise in vapour product use and to protect our most vulnerable populations from the harms associated with these products. We applaud the Government of Canada's pursuit of an evidence-informed regulatory framework through the numerous public consultations conducted in 2019. KFL&A Public Health submitted the following regulatory recommendations through the consultation process:

- Prohibit all additives and non-tobacco flavours in vaping products and e-liquids.
- Require the listing of all ingredients on product labels and packaging.
- Require health and toxicity warnings on vapour products.
- Restrict nicotine concentration in all vaping products.
- Require standardized and tamper proof packaging on all vapour products.
- Require mandatory testing and reporting for vapour products.
- Strengthen the advertising and promotion control regime so that it aligns with tobacco controls.
- Develop a robust and sustainable monitoring and surveillance strategy to ensure compliance with advertising and promotion controls and to identify emerging products.

Kingston, Frontenac and Lennox & Addington Public Health

www.kflaph.ca

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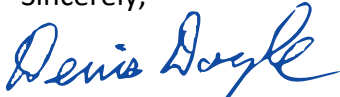
Branch Offices	Cloyne	613-336-8989	Fax: 613-336-0522
	Napanee	613-354-3357	Fax: 613-409-6267
	Sharbot Lake	613-279-2151	Fax: 613-279-3997

*The Honourable Ginette Petitpas Taylor, Minister of Health
Health Canada*

Page 2

The appeal and popularity of vapour products is concerning given their potential health risks, and the rise of youth vaping cannot continue unabated. Like tobacco control, there is no silver bullet to address vaping and its risks. The KFL&A Board of Health urges the Government of Canada to expedite a comprehensive set of controls for vapour products like those regulating tobacco products and to consider other evidence-informed strategies such as taxation, use prohibition, industry denormalization, and effective public education and behaviour change campaigns to address this emerging public health issue.

Sincerely,



Denis Doyle, Chair
KFL&A Board of Health

*Copy to: Mark Gerretsen, MP Kingston and the Islands
Scott Reid, MP Lanark-Frontenac-Kingston
Mike Bossio, MP Hastings-Lennox and Addington
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health*

March 5, 2020

The Honourable Christine Elliott
Minister of Health
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Sent via e-mail: Christine.elliott@pc.ola.org

Dear Minister Elliott:

Re: Support for a Seamless Provincial Immunization Registry

At its meeting on February 12, 2020, the Board of Health for Peterborough Public Health received correspondence from City of Hamilton Board of Health, dated October 30, 2019, and correspondence from the Council of Ontario Medical Officers of Health (COMOH), dated March 19, 2019.

Peterborough Public Health supports the recommendations that a seamless provincial immunization registry would address several of the challenges with the current system, including:

- eliminating the burden of parents/guardians needing to report vaccines to local public health agencies;
- reducing the risk of inaccurate information being reported by parents/guardians;
- reducing staff time and resources needed to manually input vaccine records; and
- reduce the number of suspension due to the lack of reporting by parents/guardians.

In addition, this registry would assist in the investigation of outbreaks of vaccine preventable diseases when they occur as it would allow for quick identification of those individuals who are susceptible and vulnerable.

A seamless provincial immunization registry would increase efficiencies and result in more accurate information about vaccine coverage in the population which aligns with Ministry of Health's intent to create efficiencies and improve outcomes by introducing technology solutions into health care.

Respectfully,

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

/ag
Encl.

cc: Dr. David Williams, Ontario Chief Medical Officer of Health
Local MPPs
France Gélinas, MPP, Health Critic
John Fraser, MPP, Health Critic
Association of Local Public Health Agencies
Ontario Boards of Health

alPHA's members are
the public health units
in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

March 6, 2020

Hon. Christine Elliott
Minister of Health
5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Elliott,

Re: COVID-19 and Reconsiderations Related to Public Health Modernization

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, I am writing today to urge you to consider pausing the Public Health Modernization initiative until the COVID-19 emergency is declared over in order to ensure that the response can be analysed, evaluated and incorporated into the consultations.

After a long period of uncertainty within the public health sector, we were indeed very grateful for your January 31 news release that included your praise of public health's "remarkable responsiveness" to the 2019 novel coronavirus and your expression of confidence that dedicated public health professionals are keeping Ontarians safe.

As we noted in our submission to the Public Health Modernization consultation paper, commitments to strengthening Ontario's public health system in response to the Walkerton, SARS and H1N1 health emergencies (including increased provincial responsibility for funding, strengthened role of the Chief Medical Officer of Health and creation of The Ontario Agency for Health Protection and Promotion) have led to measurable improvements to the Ontario public health sector's capacity to detect and respond to emerging threats. The swift collective and thorough response to the COVID-19 epidemic is a clear application by Ontario's public health sector of the lessons learned from the 2003 SARS outbreak.

This is not to say that activating our emergency response mechanisms has become a simple matter. Emergency response is by its very nature incredibly resource intensive and requires a high degree of ingenuity and nimbleness to adapt the response to a constantly evolving situation. Unfortunately, this can have a measurable impact on the equally important health protection and promotion activities that Ontario's dedicated public health professionals carry out every day to keep Ontarians well.

As we also noted in our submission to the Public Health Modernization team, the capacity for most public health units has been steadily eroding over the years largely due to the Ministry putting caps (often 0%) on annual budget increases that are necessary to cover the costs of delivery of new programs, annual CPI increases and honouring collective agreements. This erosion will be significantly and immediately compounded by the Province's abrupt and unjustified decision to immediately shift 5% of the cost-shared and 30% of previously 100% provincially funded public health programs to municipalities.

It is often said that public health is at its best when it's invisible to the public. In other words, its most important and effective contributions to population health are in fact those day-to-day health promotion, disease prevention and surveillance activities that we know will protect people from ever-present threats to their health and well being. In the Ontario Public Health Standards, this province has one of the world's strongest foundations for these contributions. The chronic inadequacy of resources to meet our daily obligations is regrettably brought into stark relief when they need to be diverted to emergency response duties.

As the response to COVID-19 has progressed, the PH-EMS Modernization team has recognized the need for local public health to focus on its work without distraction and postponed further face to face consultations with local public health in addition to extending the deadline for written submissions. We are respectfully asking that you reinforce this by providing official direction to pause the modernization process at least until the COVID-19 emergency is declared over, a full analysis of the response has been conducted and the lessons learned have been applied.

In addition, we are asking you to immediately reverse the download of the provincial portion of the public health funding envelope to restore the degree of financial certainty required to ensure that the both the extraordinary response and routine public health activities remain robust.

We see this test of public health as an important opportunity to take a collective step back and reconsider the approach that is being taken towards Ontario's public health sector, as a keener understanding of its purpose is re-entering the public and political discourse. We are eager to assist you in achieving your vision of a "coordinated public health sector that is nimble, resilient, efficient and responsive to the province's evolving health priorities" and we look forward to continuing the vital Public Health Modernization discussions that have already begun.

In the meantime, we are once again asking that the public health aspect of the PH-EMS Modernization endeavour be deferred until such a time as the COVID-19 response can be examined in retrospect and inform those discussions, and that the provincial share of public health funding be restored to its previous level at least until the discussions have concluded.

We would be pleased to discuss this with you further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,



Carmen McGregor,
alPHa President

COPY: Dr. David Williams, Chief Medical Officer of Health
Alison Blair, Executive Lead for Public Health Modernization
Jim Pine, Special Adviser, Public Health Modernization

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Premier Ford Announces Job Protection for Workers during the COVID-19 Situation

Ontario to Protect Workers who Take Leaves from Work

March 16, 2020 11:15 A.M.

TORONTO — Ontario is acting immediately to protect workers during the COVID-19 crisis. Today, Premier Doug Ford and Monte McNaughton, Minister of Labour, Training and Skills Development, announced that the government intends to introduce legislation that, if passed, would immediately provide job-protected leave to employees in isolation or quarantine due to COVID-19, or those who need to be away from work to care for children because of school or day care closures.

"While everyone's concerns about their health and safety is top of mind, the last thing we need is anyone worrying about job security as the COVID-19 situation evolves," said Premier Ford.

"That's why I directed the Minister of Labour, Training and Skills Development to draft legislation that will protect workers and their families during this difficult period."

"Mothers and fathers who need to care for children or dependants shouldn't have to worry about losing their job," said Monte McNaughton, Minister of Labour, Training and Skills Development.

"The same goes for people who receive medical or public health advice and are required to take precautions as a result. They shouldn't have to worry about losing their job. In this time of uncertainty, we need to support employees who must isolate or quarantine themselves, or who need to care for a loved one."

The proposed legislation would, if passed, provide job protection for employees unable to work for the following reasons:

- The employee is under medical investigation, supervision or treatment for COVID-19.
- The employee is acting in accordance with an order under the Health Protection and Promotion Act.
- The employee is in isolation or quarantine.
- The employee is acting in accordance with public health information or direction.
- The employer directs the employee not to work.

- The employee needs to provide care to a person for a reason related to COVID-19 such as a school or day-care closure.

The proposed legislation would also make it clear that an employee will not be required to provide a medical note if they take the leave. The measures would be retroactive to January 25, 2020, the date that the first presumptive COVID-19 case was confirmed in Ontario.

Many workers will be eligible for Employment Insurance sickness benefits. As well, we are reviewing current access and eligibility to emergency assistance which is available through the Ontario Works (OW) program to support individuals who are impacted by the coronavirus and who are not able to meet their basic living expenses.

"The health and well-being of Ontarians continues to be our government's number one priority," said Christine Elliott, Deputy Premier and Minister of Health. "We are actively working with our partners at all levels in the health care system and implementing enhanced and comprehensive measures to prevent the spread of this virus and protect the health of all Ontarians."

"These job protections could also contribute significantly to limiting the spread of COVID-19," said Rod Phillips, Minister of Finance. "We are giving everyone the tools they need to put their health and the health of others first, without fear of losing their jobs."

Visit Ontario's [website](#) to learn more about how the province continues to protect Ontarians from COVID-19.

Ivana Yelich Premier's Office
Ivana.Yelich@ontario.ca
Bradley Metlin Minister's Office
Bradley.Metlin@ontario.ca

[Available Online](#)
[Disponible en Français](#)

Statement from Minister Elliott and Minister Smith on the Social Services Sector's Response to COVID-19

March 16, 2020 9:00 A.M.

TORONTO — Today, Christine Elliott, Deputy Premier and Minister of Health, and Todd Smith, Minister of Children, Community and Social Services, provided an update on the measures being put into place across the social services and youth justice sectors:

“Protecting the health and well-being of all Ontarians, including the staff and clients in Ontario’s social services and youth justice sectors, is our government’s number one priority.

In line with the advice of Ontario’s Chief Medical Officer of Health, and to ensure a safe and secure environment for all, the province is recommending that, where feasible, our service providers consider only allowing essential visitors until further notice. We are also asking that they undertake a screening process at all locations. We have prepared a toolkit including a screening checklist and signage to aid in ensuring these measures can be implemented.

The following measures have been put into place in provincially operated youth justice centres:

- Suspending all personal visitors and cancelling volunteer activities. Professional visits including legal counsel will continue however, though consideration should be given to alternative options such as the use of teleconferences.
- Approved personal visitors will be able to continue to maintain contact with youth by phone. Enhanced technology, such as video calling, where operationally available and operationally feasible, can be used to allow virtual visits with family.
- All non-essential reintegration leaves will be restricted until further notice. Reintegration leaves help youth in custody to reintegrate back into the community and support their rehabilitation by allowing them to leave a facility for medical, humanitarian/compassionate, employment and/or educational reasons for a specified time while following set terms and conditions, including staff escorts.

We have also provided each of our community partners the most recent update and recommendations for enhanced public health measures from Ontario’s Chief Medical Officer of Health. We encourage all community partners to also seek direction from their local public health units.

We will continue to actively monitor the situation and take any necessary steps to ensure the safety of staff and those in our care.”

Visit Ontario's [website](#) to learn more about how the province continues to protect Ontarians from COVID-19.

Christine Wood Minister's Office

christine.wood@ontario.ca

(437) 239-9989

Kristen Tedesco Ministry of Children, Community and Social Services

Kristen.Tedesco@ontario.ca

(416) 803-6153

[Available Online](#)
[Disponible en Français](#)

Enhanced Measures to Protect Ontarians from COVID-19

March 16, 2020 8:19 P.M.

TORONTO — Today, Dr. David Williams, Chief Medical Officer of Health issued the following statement detailing enhanced public health measures to help contain the spread of COVID-19:

"Following a number of significant announcements regarding travel and public health measures over the past 72 hours, and after further consultations with my colleagues across Canada, I would like to take the opportunity to clarify my guidance to Ontarians on COVID-19.

This is an evolving situation, and your role in helping to manage the spread of COVID-19 in Ontario is critical. It is imperative that we take steps now and take steps together to reduce opportunities for transmission. I am asking for your cooperation in following the advice below as best you can over the coming weeks. By working together, we can make a difference in this outbreak and protect those among us who are most vulnerable to COVID-19.

The symptoms of COVID-19 include fever, new cough and difficulty breathing, and these may occur within 14 days of an exposure to another case.

Additional closures

I am strongly recommending a further limitation to public gatherings from my advice on March 12, 2020. I am further advising Ontarians to avoid large gatherings of over 50 people. In addition, I am specifically requesting the closure of the following settings as soon as possible:

- All recreational programs and libraries
- All private schools
- All daycares
- All churches and other faith settings
- All bars and restaurants, with the exception of restaurants that can shift to takeout/delivery mechanisms

If you do not have any symptoms of COVID-19

Everyone in Ontario should be practicing social distancing to reduce their exposure to other people. This means that you can carry out daily activities, such as going to work (if you cannot work from home) and doing necessary shopping and appointments.

I ask that everyone in Ontario does their best to avoid close contact with people outside of their immediate families. Close contact includes being within 2 meters of another person.

In addition:

If you believe you have been exposed to someone with COVID-19 symptoms, I recommend that you begin to self-monitor for a period of 14 days. This means that, in addition to social distancing, you should track how you feel. You should take your temperature daily and log any other symptoms that develop (e.g., sore throat, new cough). You can share these records with your primary care provider over the phone if you seek assessment services.

All persons over 70 years of age and individuals who are immunocompromised are advised to self-isolate for a period of 14 days. This means that you should only leave your home or see other people for essential reasons. Where possible, you should seek services over the phone or internet or ask for help from friends, family or neighbours with essential errands.

If you have travelled outside of Canada in the last 14 days

If you have travelled and are not a healthcare worker or another essential service worker, I ask that you self-isolate for 14 days since your arrival in Canada. People who are self-isolating should not go to work.

In addition:

- Workers who have travelled and are part of workplaces that are essential to daily living are able to return to work as long as they are asymptomatic. However, they should self-monitor for a period of 14 days and identify themselves to their employer so that a plan can be put into place to ensure the protection of those workplaces.
- Children under the age of 16 years who have travelled outside of Canada should also self-isolate for a period of 14 days. Parents should actively monitor their children's symptoms. Children who are self-isolating should stay at home and avoid social gathering points such as community centres or parks.

Public Health Ontario has excellent [fact sheets](#) on how to self monitor and self isolate.

If you start to feel symptoms of COVID-19

I am requesting anyone who begins to feel unwell (fever, new cough or difficulty breathing) to return home and self-isolate immediately. People who are self-isolating should seek clinical assessment over the phone - either through TeleHealth Ontario (1-866-797-0000) or by calling their primary care provider's office. If you need additional assessment, your primary care provider or TeleHealth will direct you to in-person care options. If you are in medical distress

and need urgent care, you should call 911 and let them know what you are self-isolating because of COVID-19.

If you are an employer

I am asking all employers in Ontario to facilitate virtual work arrangements to enable employees to work from home where possible to enable workers to limit their activities, care for children and to self isolate. However, I recognize that there are a number of workplaces where this is not possible. I would ask those employers to use their judgement to sustain operations in a manner that maintains social distancing.

If need to seek health care for COVID-19

If you are unwell and need to seek health assessment for COVID-19 there are three options to available:

- A Self Assessment Tool available at: <https://www.ontario.ca/page/2019-novel-coronavirus>
- Telehealth Ontario at: 1-866-797-0000 (24/7)
- Your primary care provider - you should call your primary care provider and they will provide virtual assessment by phone or other technology. You should not book an in-person visit for COVID-19 assessment without first having a virtual assessment.

If you require an in-person health assessment, you will be referred to an appropriate location for in-person health assessment. Only people with COVID-19 symptoms will be tested.

I want to remind all Ontarians that there are important actions that they should be taking every day in order to protect your health. These include:

- washing your hands often with soap and water or alcohol-based hand sanitizer
- sneezing and cough into your sleeve
- avoid touching your eyes, nose or mouth
- avoid contact with people who are sick
- stay at home if you are sick. In particular, do not visit a long-term care, retirement home or other congregate living situation.

Thank you for all of your support. These are difficult times, but together we will move through and protect the most vulnerable among us."

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Ontario Takes Further Action to Contain the Spread of COVID-19

March 16, 2020 8:30 P.M.

TORONTO — Today, Premier Doug Ford and Christine Elliott, Deputy Premier and Minister of Health, issued the following statement about ongoing and extensive efforts to prevent the spread of COVID-19:

"Since we first learned of COVID-19, Ontario has actively monitored the developing situation and has acted decisively to contain the spread of this new virus to protect the health and well-being of all Ontarians.

Given the latest developments both internationally and here at home, including growing evidence of community spread, the province is taking further action to help prevent the spread of COVID-19. Based on advice from Ontario's Chief Medical Officer of Health, Dr. David Williams, Ontario is responding to the evolving situation by moving forward with new measures to help contain the virus, including the recommended closure of all recreational programs and libraries, private schools, daycares, churches and other faith settings, as well as bars and restaurants, except those that may only offer takeout or delivery. These closures would be in line with the updated guidance to avoid large gatherings of over 50 people.

We recognize that these measures will significantly impact the lives of many Ontarians. However, as the number of cases in Ontario continues to grow, we must heed the advice of our public health experts and take decisive action to protect the health and safety of the public, our government's top priority.

As this situation continues to evolve, we are prepared to continue to respond quickly and effectively to any scenario to keep Ontarians safe."

Read the latest recommendations from Dr. Williams outlining enhanced public health measures and what Ontarians should do to help limit the transmission of COVID-19.

LEARN MORE

- Visit Ontario's [website](#) to learn more about how the province continues to protect Ontarians from COVID-19.
- Learn about [travel advisories](#) related to the 2019 novel coronavirus.
- If you are a health care professional, learn how to protect yourself and your patients by reading our [guidance documents](#).

Ontario Enacts Declaration of Emergency to Protect the Public*Significantly Enhanced Measures will Help Contain Spread of COVID-19*

March 17, 2020 9:13 A.M.

TORONTO - Today, the Government of Ontario announced that it is taking decisive action by making an order declaring an emergency under s 7.0.1 (1) the *Emergency Management and Civil Protection Act*. In doing so, Ontario is using every power possible to continue to protect the health and safety of all individuals and families.

"We are facing an unprecedented time in our history," said Premier Ford. "This is a decision that was not made lightly. COVID-19 constitutes a danger of major proportions. We are taking this extraordinary measure because we must offer our full support and every power possible to help our health care sector fight the spread of COVID-19. The health and wellbeing of every Ontarian must be our number one priority."

As a result of this declaration and its associated orders, the following establishments are legally required to close immediately:

- All facilities providing indoor recreational programs;
- All public libraries;
- All private schools as defined in the *Education Act*;
- All licensed child care centres;
- All bars and restaurants, except to the extent that such facilities provide takeout food and delivery;
- All theatres including those offering live performances of music, dance, and other art forms, as well as cinemas that show movies; and
- Concert venues.

Further, all organized public events of over fifty people are also prohibited, including parades and events and communal services within places of worship. These orders were approved by the Lieutenant Governor in Council and will remain in place until March 31, 2020, at which point they will be reassessed and considered for extension, unless this order is terminated earlier.

"We are acting on the best advice of our Chief Medical Officer of Health and other leading public health officials across the province," said Christine Elliott, Deputy Premier and Minister of Health. "We know these measures will affect people's every day lives, but they are necessary to ensure that we can slow the spread of COVID-19 and protect our people. We're working with all

partners across the system, from public health to hospitals and community care, to do everything we can to contain this virus and ensure that the system is prepared to respond to any scenario."

"Our government is taking an important step to protect Ontarians by declaring a provincial emergency through the *Emergency Management and Civil Protection Act*, establishing Ontario's ability to quickly implement and enforce orders in the public interest," said Solicitor General Jones. "Our government will continue to respond to this outbreak by limiting the exposure of individuals to COVID-19 and ensure the health and well-being of all Ontarians."

Ontario is also investing up to \$304 million to enhance the province's response to COVID-19 by providing the following:

- **\$100 million for increased capacity in hospitals** to assist with the effective treatment of COVID-19 patients both in critical care and medicine beds.
- **\$50 million for more testing and screening through public health**, including additional funding to support extraordinary costs incurred to monitor, detect and contain COVID-19 in the province. This includes contact tracing, increased laboratory testing capacity and home testing.
- **\$50 million to further protect frontline workers, first responders and patients** by increasing the supply of personal protective equipment and other critical supplies and equipment to protect them.
- **\$25 million to support frontline workers** working in COVID-19 assessment centres, including the creation of a new fund to provide respite care, child care services and other supports as they are needed.
- **\$50 million for long-term care homes** to support 24/7 screening, additional staffing to support infection control and additional supplies.
- **\$20 million for residential facilities in developmental services, gender-based services and protective care for children and youth** to support additional staffing, respite for caregivers impacted by school closures, personal protective equipment and supplies and transportation costs to minimize client exposure and to support social distancing, as well as additional cleaning costs.
- **\$5 million to protect seniors in retirement homes** through increased infection control and active screening procedures.
- **\$4 million for Indigenous communities** to support transportation costs for health care professionals and the distribution of critical supplies.

QUICK FACTS

- The increased funding includes investments from Ontario's previously-announced COVID-19 Contingency Fund, as well as funding provided by the federal government.
- Coronaviruses are a large family of viruses that can cause illnesses ranging from the common cold to more serious respiratory infections like bronchitis, pneumonia or severe acute respiratory syndrome (SARS).
- There is no vaccine available to protect against the 2019 novel coronavirus, but there are everyday actions that can help prevent the spread of germs that cause respiratory illnesses. To find out more visit Ontario's [website](#).

LEARN MORE

- Visit Ontario's [website](#) to learn more about how the province continues to protect Ontarians from COVID-19.
- Learn about [travel advisories](#) related to the 2019 novel coronavirus.
- If you are a health care professional, learn how to protect yourself and your patients by reading our [guidance documents](#).
- **For public inquiries call ServiceOntario, INFOLine at 1-866-532-3161 (Toll-free in Ontario only)**

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alPHA's members are
the public health units
in Ontario.

alPHA Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

March 17, 2020

Hon. Doug Ford
Premier of Ontario
Legislative Bldg Rm 281,
Queen's Park,
Toronto, ON M7A 1A1

Dear Premier Ford,

Re: Board Meetings and Social Distancing

On behalf of the Association of Local Public Health Agencies (alPHA) and its member Boards of Health, I am writing today to ask for a revision of Ontario Municipal Act requirements that prevent remote participation in Board meetings, at least until the COVID-19 crisis has resolved.

As the need for social distancing and limiting travel becomes increasingly clear in efforts to minimize this pandemic's impact, Ontario's boards of health members strongly support the recommendations from Dr. Williams, Ontario's Chief Medical Officer of Health, to avoid gatherings, conduct only essential travel, and to ensure social distancing. We are clearly communicating these messages within our communities but are legally prevented from setting the example

Boards of Health, which fall under Ontario's Municipal Act, are unable to hold remote or electronic meetings unless the Chair and a quorum of members are physically present at the meeting site. Members may participate remotely in discussions leading to decisions but cannot vote on the decisions themselves.

For many of our remote, rural and northern boards of health, the Act's restrictions are a problem at the best of times, as members may have to travel several hours to attend board meetings, which often requires an overnight stay, to ensure travel safety during the shortened daylight hours and potentially poor weather. The COVID-19 recommendations on social distancing and travel are now additional issues for public health decision makers at a highly critical time for our public health agencies.

This is a time that Ontario's municipalities and boards of health need to show strong leadership - to be fully supportive of the provincial directives to mitigate COVID-19 and to be fully supportive of public health work in their regions. Suspending board of health meetings does not seem like a responsible action given the circumstances.

We are therefore asking that restrictions on technologically-mediated meetings under the Municipal Act be lifted during the COVID-19 crisis. It could certainly be proven that a board of health (or a municipal council) was acting in good faith and setting a precedent for the organization and for those they serve. It would be a bold move, done not to circumvent the legislation and rules, but to protect the public and the board members or council members and their senior staff.

Premier Ford, we would like to thank you to you and your government for taking bold and significant steps to protect Ontarians and to support Ontario's public health system during this time of crisis. We understand that these steps are being taken quickly in response to a rapidly-evolving situation, and we believe that this is another opportunity for the Ontario government set another example by suspending the normal rules of attendance in these emergent circumstances for municipalities and governing boards, such as boards of health, that fall under Ontario's Municipal Act by ensuring we can indeed meet electronically without fear of reprisal.

Once again, sincere thanks to you, your government, the Honourable Christine Elliott, Dr. Williams, Ontario's Chief Medical Officer of Health and the Ministry of Health - for the strong and precedent setting leadership during this critical time.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Trudy Sachowski'.

Trudy Sachowski
Chair, alPHA Boards of Health Section

Copy: Hon. Christine Elliott, Deputy Premier, Minister of Health
Hon. Steve Clark, Minister of Municipal Affairs and Housing
Dr. David Williams, Chief Medical Officer of Health, ADM Ministry of Health
alPHA Board of Directors

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHA advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Ministry of Health

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Télec. : 416 325-8412

March 19, 2020

Re: Managing Health Worker Illness and Return to Work COVID-19

Ontarians rely on our health system everyday to stay healthy and sustain life – this is true now more than ever. As we continue to implement enhanced public health measures to mitigate the spread of COVID-19 in Ontario, it is vital that health services, and the workers who contribute to these areas, continue to provide care to the people of Ontario.

To protect the health system and its workers from COVID-19, we must balance public health measures and the need to control the spread of disease with appropriate flexibility to ensure that critical health services continue to operate.

I am therefore making the following recommendations to all parts of the health sector:

Travel and Return to Work

Where employees have travelled outside of Canada within the last 14 days and are seeking to return to work, it is important to balance the protection of the health system and the continued operation of these settings.

Consistent with my earlier recommendations, it is very important that all health system organizations and employers immediately cease all non-essential business travel outside of Canada until further notice and likewise discourage employee travel.

I am recommending that Health Care Workers who have travelled outside of Canada within the last 14 days self-isolate for a period of 14 days starting from their arrival in Ontario. Health Care Workers should not attend work if they are sick. If there are particular workers who are deemed critical, by all parties, to continued operations, I recommend that these workers undergo regular screening, use appropriate Personal Protective Equipment (PPE) for the 14 days and undertake active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop and self-identify to their occupational health and safety department.

Practice Social Distancing and Facilitate Virtual Arrangements

Everyone in Ontario should be practicing social distancing of 2 meters to reduce their exposure to other people. Employers should facilitate arrangements to ensure that this is practiced in the workplace to every extent possible.

While other services are decreasing their operations, in health care you are being called upon to care for patients and to be ready for surge. I am asking, where there may be an opportunity, for all health system employers to facilitate work arrangements that enable appropriate employees to work from home or to work virtually, if not re-deployable.

Health system employers should also consider a review of their services and practices to identify how they can provide services to patient groups virtually or remotely.

Ongoing Screening, Self-Monitoring and Self-Isolation

The ministry has provided recommendations and tools to specific sectors for both active and passive screening – these are available on the ministry's [COVID-19 website](#). Each workplace should have a comprehensive strategy for screening and symptom monitoring where there are inpatients or residential or institutional settings and tailor their approach to screening to their unique setting. Screening activities should be focused on patients/residents, volunteers, visitors and staff, and should be done over the phone, upon arrival, at entrances and on a regular basis throughout the day. The goal of screening programs should be to ensure that no person with clinical symptoms consistent with COVID-19, whether they are visitors, caregivers or staff, enters the building – except where they are identified and being clinically assessed by an appropriate provider.

The symptoms of COVID-19 include fever, new cough and difficulty breathing, and these may occur within 14 days of an exposure to a case.

All health care providers and health care entity workplaces should monitor for signs of illness. Health system employees should diligently monitor themselves for signs of illness over the course of the pandemic and identify themselves to their manager and/or occupational health and safety departments if they feel unwell. If a health worker begins to feel unwell while at work, they should immediately don a surgical mask and notify their manager and/or occupational health and safety department. It is imperative that we keep hospitals, long-term care homes, health care offices and other health settings free of illness to protect vulnerable patients and residents and other workers in these settings.

Public Health Ontario has excellent [fact sheets](#) on how to self monitor and self isolate.

Multiple Locations

We appreciate the unique circumstances of health workers who may work in different care settings and may have different employers.

Health workers who work in multiple locations should identify themselves to their managers and develop an individualized plan to manage their employment across these settings over the course of the pandemic. In some high-risk settings, it may be possible to coordinate arrangements for staff to only work in one institution.

Continuity of Operations and Curtailing Non-Essential Services

All health sector organizations should have a Continuity of Operations plan to redeploy resources, whether human resources, equipment or space, to protect critical services. This may include cross training, cross credentialing or formal redeployment to different functions. As part of these plans, organizations should also have minimum thresholds of staffing in place to ensure that critical services continue to operate.

Employees with comorbidities should also identify themselves to their employers and consider ways to redeploy away from duties associated with COVID-19.

Return to Work after Illness

Health workers should consult their local public health unit and their manager/occupational health and safety department to plan their safe return to work.

Thank you for all of your support. This will be an important part of keeping our health system and its workers protected during this outbreak.

Yours truly,

Original signed by

David Williams, MD, MHSc, FRCPS
Chief Medical Officer of Health

Ontario Supporting Workers, Municipalities and Retailers in Response to COVID-19

Emergency Sitting Sees Two Critical Pieces of Legislation Receive Unanimous Consent
March 19, 2020 2:25 P.M.

TORONTO – Today, the Ontario government took unprecedented action to respond to COVID-19 by convening an emergency sitting of the legislature and passing two pieces of legislation which will protect the jobs of employees who self-isolate or quarantine, help keep store shelves stocked and give municipal councils the flexibility to continue operations while maintaining social distance.

The legislation passed with unanimous consent by only 26 MPPs. The number of members participating in this extraordinary session was intentionally kept small in order to practice social distancing and help prevent the spread of COVID-19. A first in Ontario history.

"I want to thank all parties for coming together to pass this important legislation so we can deliver immediate relief to Ontario workers and families," said Premier Doug Ford. "The health and safety of the people of Ontario is our number one priority and that's why we are protecting the jobs of workers and making sure that essentials like groceries, household basics, and medicine can arrive on store shelves. We must work together as Team Ontario to slow the spread of COVID-19 and flatten the curve."

The *Employment Standards Amendment Act (Infectious Disease Emergencies)*, 2020 provides job-protected leave for employees who are in isolation or quarantine due to COVID-19, or those who need to be away from work to care for children because of school or day care closures or to care for other relatives. These measures are retroactive to January 25, 2020, the date the first presumptive COVID-19 case was confirmed in Ontario. The legislation will also make it clear employees cannot be required to show sick notes.

"During this time of great uncertainty, the last thing employees should have to worry about is job security," said Monte McNaughton, Minister of Labour, Training and Skills Development.

"People can't be punished for following the advice of our leading medical health professionals."

The *Municipal Emergency Act, 2020* will ensure that for the near future, the delivery of goods to Ontario's businesses and consumers isn't impacted by municipal noise by-laws that may

unintentionally be impeding such deliveries when they are most urgently needed. The legislation also gives municipalities the ability to fully conduct Council, local board and committee meetings electronically when faced with local and province-wide emergencies, empowering the government's municipal partners to respond quickly when in-person meetings cannot be held.

"These changes will assist in getting goods to market in a more expeditious manner. Our government wants to do everything we can to help connect distribution centres with grocery stores and pharmacies to replenish empty shelves more quickly," said Steve Clark, Minister of Municipal Affairs and Housing. "As well, we are helping communities respond to this crisis by allowing councils to conduct meetings remotely. These changes empower municipalities to respond quickly and continue to function when in-person meetings cannot be held, and council decisions need to be made."

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BOARD OF HEALTH REPORT – MARCH 25, 2020

Since our last Board of Health meeting on February 26 so much has happened that I struggle to provide you with an organized synopsis of activities that we are undertaking as the system continues to adapt to changing landscape. Last month there were only a handful of cases in the province and the Provincial Emergency Operations Centre (EOC) had just been activated. We were just beginning to pull together our Pandemic Planning Table and started with weekly meetings. The following week we began to pull together various partners to support preparations across the multiple sectors we work with and by the week of March 8 the roller coaster ride began.

Internally on March 11 we activated our Incident Management System (IMS) and began to apply prioritization of our programs and services based on our Continuity of Operations Plan (COOP).

We began to have increasing calls to our Infectious Disease(ID) phone line and realigned our work plans to maintain and sustain our ability to provide infectious disease advise to our community, including individuals, organizations and municipalities. We expanded service on this line to 7 days a week and added a standby nurse after hours. All public health nurses are in process of being trained to provide service in this area while we continue to maintain only essential services in other areas such as needle exchange, naloxone.

We have moved the majority of our workforce out of office and are providing opportunities to work from home where those exist. Infrastructure problems do exist. Some employees do not have access to high speed internet. Several times over past week various systems (provincial networks ONEMAIL, Rogers cellular) have crashed due to high demand. We have purchased additional laptops, cell phones etc. to support the work from home infrastructure.

As an aid to identify the types of work that we are currently focused on, I am using the 6 core functions of Public Health as defined by the Public Health Agency of Canada to highlight some further details – (this list is not complete or exhaustive)

Health protection – *Actions to ensure water, air and food are safe, a regulatory framework to control infectious diseases, protection from environmental threats, and expert advice to food and drug safety regulators.*

- Continued liaison with food premises that remain open(takeout) to maintain physical distancing and protect customers and employees
- Support to Food Banks and support to redistribute food from non-operating restaurants to social service agencies

Health surveillance – *The ongoing, systematic use of routinely collected health data for the purpose of tracking and forecasting health events or health determinants. Surveillance includes: collection and storage of relevant data; integration, analysis and interpretation of this data; production of tracking and forecasting products with the interpreted data, and publication/dissemination of those products; and provision of expertise to those developing and/or contributing to surveillance systems, including risk surveillance.*

- Monitoring of provincial data,
- Analysis of local data and daily reporting of this data to the public via our website
- Reporting all interaction into provincial databases
- Sharing Ministry Directives and updated protocols with relevant providers via direct email and by updating links on our website

Disease and injury prevention – *Investigation, contact tracing, preventive measures to reduce the risk of infectious disease emergence and outbreaks, and activities to promote safe, healthy lifestyles to reduce preventable illness and injuries.*

- ID team handling in excess of 200 calls per day from the general public
- Navigating individuals through the process of getting tested and communicating results
- Clarifying the meaning of self-isolation directly with individuals who are impacted

Population health assessment – *Understanding the health of communities or specific populations, as well as the factors that underlie good health or pose potential risks, to produce better policies and services.*

- Identifying vulnerable populations, -homeless, Mennonite, those living in poverty, those living with MH&A and creating means to reach out to them and the agencies that support them
- Recognizing the risks that may exist in our smaller remote and rural communities

Health promotion – *Preventing disease, encouraging safe behaviours and improving health through public policy, community-based interventions, active public participation, and advocacy or action on environmental and socio-economic determinants of health.*

- Informing and advising the public, employers, municipalities, health care sector, LTC sector, social service agencies including providing them with useful messaging that can be shared within their constituencies
- Reinforcing messaging to providers to ensure their policy changes consider the health equity impacts

Emergency Preparedness and Response – *Planning for both natural disasters (e.g. floods, earthquakes, fires, dangerous infectious diseases) and man-made disasters*

(e.g. those involving explosives, chemicals, radioactive substances or biological threats) to minimize serious illness, overall deaths and social disruption.

- Supporting all municipalities in activation of their Emergency response plans and identification of how they would maintain essential municipal service delivery (fire, water, garbage collection) in the event that a large portion of their work force