

**Board of Health for
Peterborough Public Health
AGENDA
Board of Health Meeting
Wednesday, December 8, 2021 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor
185 King Street, Peterborough**

1. Call to Order

Mayor Andy Mitchell, Chair

1.1. Opening Statement

Land Acknowledgement

We respectfully acknowledge that Peterborough Public Health is located on the Treaty 20 Michi Saagiig territory and in the traditional territory of the Michi Saagiig and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include: Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

Peterborough Public Health respectfully acknowledges that the Williams Treaties First Nations are the stewards and caretakers of these lands and waters in perpetuity, and that they continue to maintain this responsibility to ensure their health and integrity for generations to come. We are all treaty people.

Recognition of Indigenous Cultures

We recognize also the unique history, culture and traditions of the many Indigenous Peoples with whom we share this time and space. We give thanks to the Métis, the Inuit, and the many other First Nations people for their contributions as we strengthen ties, serve their communities and responsibly honour all our relations.

1.2. Welcome – Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer

1.3. Farewell – Dr. Ian Gemmill, Acting Medical Officer of Health

1.4. Staff Recognition – Acknowledgement of Years of Service

Christine Post, Health Promoter (25 years)
Jane Naylor, Communications Assistant (25 years)
Larry Stinson, Director of Operations (30 years)

2. Confirmation of the Agenda

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

Board Members: Please identify which items you wish to consider separately from section 10 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 10.2 a b c d

5. Delegations and Presentations

6. Board Chair Report

7. Confirmation of the Minutes of the Previous Meeting

- Cover Report
- a. November 10, 2021

8. Business Arising From the Minutes

9. Staff Reports

9.1. Presentation: COVID-19 Update

- Cover Report
- a. Presentation (*to be circulated*)

9.2. Staff Report: Q3 2021 Financial Report

- Staff Report
- Q3 2021 Finance Report

9.3. Oral Report: Association of Local Public Health Agencies 2021 Fall Symposium

- Cover Report

9.4. Policies for Approval

- Cover Report
- a. 2-92 Workplace Violence and Harassment Prevention (revised)
- b. 2-92, Workplace Violence and Harassment Prevention (current, [web hyperlink](#))

10. Consent Items

10.1. Correspondence for Direction

10.2. Correspondence for Information

- Cover Report
- a. alPHa – COVID-19 Costs
- b. alPHa – Proof of Vaccination Requirements
- c. Algoma - Funding
- d. Huron Perth – Home Health Care Providers & COVID-19 Vaccination

10.3. Staff Reports

10.4. Committee Reports

11. New Business

12. In Camera to Discuss Confidential Matters

*In accordance with the Municipal Act, 2001, Section 239(2)
(b), Personal matters about an identifiable individual, including Board employees;*

13. Motions for Open Session

14. Date, Time, and Place of the Next Meeting

Wednesday, January 12, 2022 – 5:30 p.m.
Multipurpose Rooms, 2nd Floor, Peterborough Public Health (185 King St.)

15. Adjournment

ACCESSIBILITY INFORMATION: Peterborough Public Health is committed to providing information in a format that meets your needs. To request this document in an alternate format, please call us at 705-743-1000.

NOTICE: Proposed recommendations as noted within the posted agenda package may not be indicative of the final decision made by the Board of Health at the meeting. Should a member of the public or media outlet wish to confirm or clarify any Board position following the meeting, please contact the PPH Communications Manager or refer to the meeting summary issued shortly thereafter. Final motions are recorded in posted approved Minutes.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Approval of Minutes
DATE:	December 8, 2021
PREPARED BY:	Natalie Garnett, Board Secretary
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on November 10, 2021.

ATTACHMENTS

- a. [Minutes, November 10, 2021](#)

**Board of Health for
Peterborough Public Health
DRAFT MINUTES
Board of Health Meeting
Wednesday, November 10, 2021 – 5:30 p.m.
185 King Street, Peterborough**

In Attendance:

Board Members:

**Councillor Gary Baldwin
Deputy Mayor Bonnie Clark
Councillor Henry Clarke
Deputy Mayor Matthew Graham
Councillor Nodin Knott (electronic)
Mayor Andy Mitchell, Chair
Dr. Hans Stelzer
Councillor Don Vassiliadis
Councillor Kathryn Wilson**

Staff:

**Ms. Dale Bolton, Manager of Finance and Property
Ms. Brittany Cadence, Manager of Communications and IT
Ms. Donna Churipuy, Acting Incident Commander
Ms. Natalie Garnett, Recorder
Dr. Ian Gemmill, Acting Medical Officer of Health (electronic)
Ms. Alida Gorizzan, Executive Assistant
Mr. Larry Stinson, Acting Chief Executive Officer**

1. Call to Order

The Chair, called the meeting to order at 5:30 p.m.

2. Confirmation of the Agenda

MOTION:

That the Board of Health for Peterborough Public Health confirm the agenda as circulated.

Moved: Deputy Mayor Graham

Seconded: Deputy Mayor Clark

Motion carried. (M-2021-108)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately

MOTION:

That the following item be passed as part of the Consent Agenda: 10.2 a-g and 10.4.1.

Moved: Councillor Wilson

Seconded: Deputy Mayor Clark

Motion carried. (M-2021-109)

MOTION (10.2.a-g):

That the Board of Health for Peterborough Public Health receive the following for information:

a. E-newsletter dated October 21, 2021 from the Association of Local Public Health Agencies (aLPHa).

b. Letter dated November 2, 2021 from Minister Elliott to the Board Chair regarding one-time funding for 2021-22.

c. Letter dated November 5, 2021 from the Board Chair to Minister Elliott regarding support for local boards of health.

Correspondence from other local public health agencies:

d. Grey Bruce – Local boards of health

e. North Bay Parry Sound – Funding

f. Simcoe Muskoka – Funding

g. Windsor Essex – Funding

Moved: Councillor Wilson

Seconded: Deputy Mayor Clark

Motion carried. (M-2021-109)

MOTION (10.4.1):

That the Board of Health for Peterborough Public Health receive meeting minutes of the Stewardship Committee from October 21, 2020.

Moved: Councillor Wilson

Seconded: Deputy Mayor Clark

Motion carried. (M-2021-109)

5. Declarations and Presentations

6. Board Chair Report

The Chair provided a brief overview of activities undertaken since the October meeting. An update was provided regarding the security incident which occurred on October 25, 2021.

7. Confirmation of the Minutes of the Previous Meeting

MOTION:

That the minutes for the meeting of the Board of Health for Peterborough Public Health on October 13, 2021, be approved as amended.

Moved: Councillor Baldwin

Seconded: Councillor Vassiliadis

Motion carried. (M-2021-110)

8. Business Arising From the Minutes

9. Staff Reports

9.1 Presentation: COVID-19 Update

MOTION:

That the Board of Health for Peterborough Public Health receive the presentation, COVID-19 Update, for information.

Moved: Councillor Clarke

Seconded: Councillor Wilson

Motion carried. (M-2021-111)

9.2 2022 Cost-Shared and Ontario Seniors Dental Program Budget Approvals

MOTION:

That the Board of Health for Peterborough Public Health, as recommended by the Stewardship Committee:

- *receive the staff report, 2022 Cost-Shared and Ontario Seniors Dental Program Budget Approvals, for information*
- *approve the 2022 Cost-Shared budget for public health cost-shared programs and services in the amount of \$10,856,829; and*
- *approve the 2022 Ontario Seniors Dental Program budget in the amount of \$700,100.*
- *note that the Stewardship Committee draws the attention of the Board to the redeployment of municipal funding to cover provincial COVID expenses in the amount of \$443,609.*

Moved: Councillor Vassiliadis

Seconded: Councillor Baldwin

Motion carried. (M-2021-112)

10. Consent Items

11. New Business

12. In Camera to Discuss Confidential Matters

MOTION:

That the Board of Health for Peterborough Public Health moved In Camera at 6:32 p.m. to discuss one item under Section 239(2)(d) Labour relations or employee negotiations and one item under Section 239(2)(e) Litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board.

Moved: Councillor Clarke
Seconded: Deputy Mayor Clark
Motion carried. (M-2021-113)

MOTION:

That the Board of Health for Peterborough Public Health rise from In Camera at 7:00 p.m.

Moved: Councillor Clark
Seconded: Deputy Mayor Graham
Motion carried. (M-2021-114)

13. Motions for Open Session

14. Date, Time, and Place of the Next Meeting

The next Board of Health for Peterborough Public Health meeting will be held on December 8, 2021, at 5:30 p.m. in the Multipurpose Room, 185 King Street.

15. Adjournment

MOTION:

That the meeting be adjourned.

Moved by: Deputy Mayor Clark
Seconded by: Deputy Mayor Graham
Motion carried. (M-2021-115)

The meeting was adjourned at 7:02 p.m.

Chairperson

Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Presentation: COVID-19 Update
DATE:	December 8, 2021
PREPARED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the presentation, *COVID-19 Update*, for information.

ATTACHMENTS

- a. Presentation (to be circulated)*

PETERBOROUGH PUBLIC HEALTH

BOARD OF HEALTH – STAFF REPORT

TITLE:	Q3 2021 Financial Report
DATE:	December 10, 2021
PREPARED BY:	Dale Bolton, Manager of Finance and Property
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the staff report, *Q3 2021 Financial Report*, for information.

Financial Implications and Impact

The Ministry of Health requires submission of quarterly financial statements that reflect actual expenditures to-date and projected expenditures for the balance of the fiscal year. During the COVID-19 pandemic, particularly for the 2021 year, reporting on COVID-19 response and COVID-19 vaccination expenses will inform adjustments to approved one-time funding for extraordinary expenses that can not be managed within base funding. Staying within budgeted expenditures for core programs and reporting accurately on COVID-19 expenses will ensure full funding is available for program activities.

Decision History

The Board of Health approved the cost-shared budget for Peterborough Public Health (PPH) in November 2020. The Board also approved the submission for the budget to the Ministry of Health for 2021, which included the request for COVID-19 one-time funding, in April 2021. The cost-shared budget was approved by the Ministry in August 2021. One-time funding was also approved by the Ministry in August, but only for approximately 50% of the initial estimate for expenditures. In November, the Ministry approved additional one-time funding to offset increased expenditures incurred for the COVID response based on the Q2 submission. The Ministry has assured through communications to local public health agencies that funding will be provided for all eligible COVID expenditures and that approvals and payments will be adjusted following the Q4 report.

Background

The third quarter report covers the period from January to September for the fiscal year. As reported to the Board in October, this report would normally be prepared within 30 days of the end of the quarter or October 31st, and presented to the Board at the next meeting. With the later submission of the 2nd quarter reports, the Ministry of Health did not release the 3rd Quarter template until early November with a required due date of December 10th. This

template not only included the additional COVID funding streams, but requested significantly more detail regarding categories of expenditures.

This report highlights the status of expenditures for each budgeted program as of September 30, 2021 (Schedule A). As this is not a typical year there are some variances from the expected 75% of expenses realized by this date. Because it is expected that COVID expenses are to be covered through base cost-shared funds until depleted and expenses in excess will be covered by one-time funding, a disproportionate amount of COVID expenses show up in the first three quarters. In November, the province approved amended COVID-19 one-time funding in the amount of \$3,650,700 based on the second quarter submission. As we move to Q4 we will see increased amounts, above initially projected costs, reflected in COVID one-time allocations. As the table below shows, overall COVID expenses are anticipated to be approximately \$434,091 above the projection from June as projected spending in core-program was higher.

One-Time COVID Expenditures

Program	COVID-19 One-Time Approved – June 30	Actual Expenditures Sept 30/21	Projected Expenditures Oct to Dec/31	COVID-19 Total Projected	COVID-19 Variance (Over)/Under
COVID Response	1,419,900	1,136,779	800,462	1,937,241	(517,341)
COVID Vaccination	2,230,800	1,396,450	751,100	2,147,550	83,250
Total	3,650,700	2,533,229	1,551,562	4,084,791	(434,091)

The allocation of expenditures reported in the Ministry Q3 reports include breakdowns by staffing category, clinic type and regular vs overtime pay. The table below provides a high-level overview of the actual costs for the two COVID categories, which are proportionally consistent with predictions with the exception of Materials and Supplies for vaccination. These costs increases include a variety of unanticipated needs including things like mobile carts, printers, tents and plexiglass barriers.

Figure 1: Budgeted vs Actual COVID One-Time Funding Requirements – to September 30/21

Category	COVID-19 Response Budget	COVID-19 Response Actual	COVID-19 Vaccination Budget	COVID-19 Vaccination Actual
Salaries and wages	2,854,169	2,376,035	1,992,611	2,597,629
Benefits	504,428	434,864	292,522	335,753
Purchased services	79,080	74,495	430,040	469,792
Communications	15,561	16,717	66,323	61,798
Materials and supply	48,626	38,022	59,010	140,586
Travel	3,098	5,288	2,743	14,445
Other	11,070	1,828	-	
Total	3,516,032	2,947,249	2,843,249	3,620,003

As expected cost-shared expenses are less than what would be anticipated for the end of Q3 because of redeployment and reduced service levels. The allocation across the mandate programs is reflected below. Immunization and Infectious Disease Programs show significant variance as they include the COVID expenses that are able to be managed within the approved cost-shared budget.

Figure 2: Budgeted vs Actual Cost-Shared Program Expenditures

	Budget	YTD	Forecast Q4	Total	Difference	Difference %
Foundational Standards	372,304	152,650	68,198	220,848	151,456	40.7%
CDP and Wellbeing	595,531	320,824	173,041	493,865	101,366	17.0%
Food Safety	394,326	172,566	64,300	236,866	157,460	39.9%
Environmental Health	258,249	154,702	75,188	229,820	28,359	11.0%
Immunization	1,931,276	3,744,623	815,632	4,560,255	(2,628,979)	(136.1%)
Infectious Disease	3,413,653	3,847,403	1,092,291	4,939,694	(1,526,041)	(44.7%)
Safe Water	322,408	211,168	75,421	286,589	35,819	11.1%
School - Oral Health	389,596	248,966	176,836	425,802	(36,206)	(9.3%)
School - Vision	21,193	0				0%

	Budget	YTD	Forecast Q4	Total	Difference	Difference %
School - Immunization	51,411	13,183	3,354	16,537	34,874	67.8%
School- Other	262,510	141,425	66,048	207,473	55,037	21.0%
Substance Misuse Prev.	643,418	297,464	144,884	442,348	201,070	31.3%
Healthy Growth & Dev.	221,392	44,289	19,802	64,091	157,301	71.1%
Public Health Administration	1,415,006	1,486,547	569,557	2,056,104	(641,098)	145.3%
Total	10,292,273	10,835,810	3,344,552	14,180,362	(3,888,089)	

STRATEGIC DIRECTION

Compliance with reporting requirements provide accountability to the Board of Health and Ministry and ensure mid-year planning adjustments can be made to reduce risk and manage finances effectively.

ATTACHMENTS

[Attachment A – Financial Update Q3 2021](#)

Financial Update Q3 2021 (Finance: Dale Bolton)

Programs Funded January 1 to December 31, 2021

	Funding Type	2021 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2021 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	6,456,640	8-Nov-20	Approved Juy 22/21	4,842,480	4,268,559	66.1%	573,921	Year-to-date underspending due to redeployment of staff to COVID response from January through September. Anticipated increased costs final quarters, however many staff continue to support the COVID response resulting in reduced spending in core programs. Temporary employee contracts have been extended for some staff to address workload and assist with program delivery. Expenditures related to pandemic have been reported separately below. Total funding includes MOH (Base, Mitigation and Indigenous Communities) and local partners.
COVID Response	MOHLTC Cost Shared (CS)	2,128,786	8-Nov-20		1,596,590	1,810,470	85.0%	(213,881)	Covid response commenced in January is on-going. The province approved \$590,000 based on the Annual Service Plan submission. Total COVID extraordinary expenses at September 30 are \$2,947,249. Year-to-date expenditures of \$1,810,470 represents the portion of costs that can be covered through underspending in cost-shared programs as of September 30. Eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based Ministry approval granted through the quarterly report submission process. See one-time section below.

	Funding Type	2021 Submission	Approved by Board	Approved by Province	Based on 2021 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
COVID Vaccination	MOHLTC Cost Shared (CS)	1,706,847	8-Nov-20		1,280,135	2,223,554	130.3%	(943,419)	Covid vaccination commenced mid-February and is on-going. Covid vaccination costs are cost-shared by the province and local partners. The province approved \$568,600 based on the Annual Service Plan submission. Total COVID extraordinary expenses at September are \$3,620,004. Year-to-date expenditures of \$2,223,554 represents the portion of costs that can be covered through underspending in cost-shared programs as of September 30. Eligible expenditures in excess of the cost-shared underspending will be covered through the province at 100% based Ministry approval granted through the quarterly report submission process. See one-time section below.
Combined Cost-Shared		10,292,273			7,719,205	8,302,583	80.67%	(583,378)	See notes above.
	Funding Type	2021 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2021 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
Medical Officer of Health Compensation	100%	73,700	Aug 11/21	Approved July 22/21	55,275	54,818	74.4%	457	Operating within budget submission.
Ontario Seniors Dental	100%	700,100	Aug 11/21	Approved July 22/21	525,075	510,541	72.9%	14,534	Dental treatment provided through clinical staff and contract services, including dentists and specialists. As program staff continued supporting COVID response, external contract services were engaged to ensure clients had access to required treatment. Anticipate operating within budget through end of year.
Total - Ministry Funded - 2021		11,066,073			8,299,555	8,867,942	80.1%	(568,387)	

	Funding Type	2021 Submission	Approved by Board	Approved by Province	YTD Budget \$ Based on 2021 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Submission	Year to Date Variance Under/(Over)	Comments
One-Time Funding funded January 1, 2021 to December 31, 2021									
COVID Response	100% MOH	1,407,083	Aug 11/21	Approved Jul 22/21	1,055,312	1,136,779	80.8%	(81,467)	Excess year-to-date COVID extraordinary expenditures, per notes above, not covered through underspending in cost-shared programs. Ministry approved funding of \$590,000 in July with the budget approval. In November, the Ministry approved one-time funding of \$1,419,900 based on the June submission. The Ministry has communicated that COVID costs will be covered. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports.
COVID Vaccination	100% MOH	1,137,034	Aug 11/21	Approved Jul 22/21	852,776	1,396,450	122.8%	(543,675)	Excess year-to-date COVID vaccination expenditures, per notes above, not covered through underspending in cost-shared programs. Ministry approved funding of \$568,600 in July. In November, the Ministry approved one-time funding of \$2,230,800 based on the June submission. The Ministry has communicated that COVID costs will be covered. Adjustments to approved funding or additional funding will be granted for eligible expenditures through submission of quarterly Ministry reports.

One-Time Funding funded April 1, 2021 to March 31, 2022

	Funding Type	2021 - 2022	Approved by Board	Approved by Province/Ot her	YTD Budget \$ (100%)	Year To Date Expenditures to Sept 30	% of Budget	Year to Date Variance Under/(Over)	Comments
PHI Practicum Student	100% MOH	20,000	Aug 11/21	Approved July 22/21	10,000	4,414	22.1%	5,586	Funding for 2 PHI Practicum Students who commenced roles in late September for 12 week period.
Covid - School-Focused Nurses Initiative	100% MOH	600,000	Aug 11/21	Approved July 22/21	300,000	330,734	55.1%	(30,734)	PHN's hired to provide rapid-response support to school boards and schools to facilitate public health and preventative measures relating to pandemic. Overbudget due to increased activity and case & contact tracing. Program spending will be monitored through next six months. If required excess cost will be covered through cost shared or COVID extraordinary funding.
Capital - Ontario Seniors Dental Program	100% MOH	249,200	Aug 11/21	Approved July 22/21	249,200	249,200	100.0%	-	Project completed in June and funding expensed in full.

Programs funded April 1, 2021 to March 31, 2022

	Funding Type	2021 - 2022	Approved by Board	Approved by Province	YTD Budget \$ (100%)	Year To Date Expenditures to Sept 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program	100% MCCSS	242,423	Mar. 10/21	Awaiting Provincial approval	121,212	111,788	46.1%	9,424	Program operating within budget request. Some savings in travel and materials and supplies at this time.
Healthy Babies, Healthy Children	100% MCCSS	928,413	Mar. 10/21	Awaiting Provincial approval	464,207	279,853	30.1%	184,354	Program operating well below budget as three nursing staff continue to be redeployed to the COVID response. Anticipate some increased operating expenditures through upcoming months as staff are expected to gradually return to program; however based on current spending may be underspent by end of year.

Funded Entirely by User Fees January 1 to December 31, 2021

	Funding Type	2021	Approved By Board	2021 Budget	YTD Revenue \$ (100%)	Year To Date Expenditures to Sept 30	% of Budget	Year to Date Variance Under/(Over)	Comments
Safe Sewage Program	Fee for Service	402,775	NA	402,775	270,320	295,230	73.3%	(24,910)	Program funded entirely by user fees. Expenditures are just below budget; however user fees below budget resulting in a deficit of \$(24,910). Revenue expected to increase through the next quarter as program staff will review and close property files. Revenue expected to offset current deficit.
Mandatory and Non-Mandatory Re-inspection Program	Fee for Service	97,500	NA	97,500	79,300	50,880	52.2%	28,420	Program funded entirely by fees. Program activity based on number of properties inspected during the period of May through September. Additional costs to be incurred before end of year to finalize files and paperwork, reducing current surplus.
Total - All Programs		16,150,501			11,701,881	12,723,270	78.8%	(1,021,390)	

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Association of Local Public Health Agencies 2021 Fall Symposium
DATE:	December 8, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the oral report, Association of Local Public Health Agencies 2021 Fall Symposium, for information.

BACKGROUND

The virtual symposium was held on November 19, 2021, the program was previously circulated and can be found on [alPHa's website](#). Drs. Piggott & Gemmill, Larry Stinson and the Board Chair participated.

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	BOH Policy 2-92, Workplace Violence and Harassment Prevention
DATE:	December 8, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health approve revisions to policy 2-92, Workplace Violence and Harassment Prevention.

BACKGROUND

To be provided via oral report at the Board meeting.

ATTACHMENTS

- a. 2-92, Workplace Violence and Harassment Prevention (revised)
- b. [2-92, Workplace Violence and Harassment Prevention](#) (current, **web hyperlink**)

PETERBOROUGH PUBLIC HEALTH

Board of Health

POLICY

Section: Board of Health	Number: 2-92	Title: Workplace Violence and Harassment Prevention
Approved by: Board of Health		Original Approved by Board of Health On (YYYY-MM-DD): 2011-11-09 Author: Medical Officer of Health
Signature: _____		
Date (YYYY-MM-DD): 2021-12-08		
Reference: Occupational Health and Safety Act, Section 32 Bill 168 and Bill 132 National Standard on Psychological Health and Safety in the Workplace Board of Health Policy 2-90, Human Rights and Discrimination Board of Health Policy 2-280, Complaints Organizational Procedure 12-380, Harassment - Workplace		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

POLICY

The Peterborough Public Health (PPH) Board of Health is committed to the prevention of workplace violence and harassment and is ultimately responsible for employee health and safety. We will take all reasonable steps to protect our employees from workplace violence and harassment from all sources.

The Board of Health for PPH is committed to providing a positive and professional work environment in which all individuals are treated with respect and dignity. In accordance with the Occupational Health and Safety Act, R.S.O. 1990, c.O.1, Bill 168 and Bill 132, workplace violence and harassment will not be tolerated by PPH. Further, the Board of Health believes in a psychologically healthy workplace and supports the National Standard on Psychological Health and Safety in the Workplace. No employee of PPH is required or expected to tolerate workplace violence or harassment.

PPH recognizes the potential for violent acts, threats and harassment directed against employees by internal and external individuals. Work-related violence and harassment can occur on-site and at off-site work-related activities.

PPH is committed to protecting all staff, students, volunteers, clients and visitors from workplace violence and harassment by providing information, training, identifying possible sources of violence and harassment through risk assessments and implementing procedures to eliminate or minimize the risk. Everyone is expected to uphold this policy and work together to prevent workplace violence and harassment and will be held accountable by the employer.

Harassment

Harassment which is often called “psychological harassment” or “personal harassment” may also relate to a form of discrimination as set out in the [Ontario Human Rights Code](#), which states that “Every person who is an employee has a right to freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status or disability.”

Sexual harassment, including solicitation, is also prohibited under the Human Rights Code. Please refer to Board policy 2-90, Human Rights and Discrimination, for further details.

Nothing in this policy prevents or discourages an employee from filing an application with the [Ontario Human Rights Tribunal](#) on a matter related to the [Ontario Human Rights Code](#) within one year of the last alleged incident. An employee also retains the right to exercise any other legal avenues available.

There is a workplace violence and harassment prevention procedure (Organizational Procedure 12-380) that implements this policy and complies with Section 32 of the [Ontario Occupational Health and Safety Act](#). It includes measures and procedures to protect employees from workplace violence, a means of summoning immediate assistance and a process for employees to report incidents, or raise concerns. The procedure outlines how the employer will investigate and deal with all incidents or complaints of workplace violence or harassment and any other elements prescribed in the regulation.

Employees are encouraged to report any incidents of workplace violence or harassment. Please refer to Organizational Procedure 12-380, Harassment Workplace, to report these incidents. The Board of Health will ensure that there will be no negative consequences or repercussions for reports made in good faith. Management and/or Human Resources will investigate and deal with all concerns, complaints, or incidents of workplace violence or harassment in a timely and fair manner while respecting employees' privacy, to every extent possible.

The PPH Board of Health, as the employer, will ensure that this policy and any supporting organizational policy and procedures are implemented and reviewed on a regular basis. The PPH Board of Health as the employer will ensure that all employees and supervisors have the appropriate information, training and instruction to protect them from violence or harassment in the workplace.

Supervisors will adhere to this policy and the supporting procedure. Supervisors are responsible for ensuring that measures and procedures are followed by employees and that employees have the information that they need to protect themselves.

Clients of PPH should follow Board of Health policy 2-280, Complaints, to report any incidents of violence and/or harassment experienced while accessing PPH programs or services.

This policy is to be reviewed annually by the Board of Health and posted in the workplace.

Definitions

*Workplace violence*⁴:

- a) the exercise of physical force by a person against an employee, in a workplace, that causes or could cause physical injury to the employee;
- b) an attempt to exercise physical force against an employee, in a workplace, that could cause physical injury to the employee; and
- c) a statement or behaviour that it is reasonable for an employee to interpret as a threat to exercise physical force against the employee, in a workplace, that could cause physical injury to the employee.

Vexatious: An act by a person in order to annoy, embarrass or otherwise aggravate another person.

Examples of Workplace Violence could include but are not limited to:

- Verbally threatening to attack a worker, throwing objects trying to hit a co-worker.
- Leaving threatening notes at or sending threatening e-mails to a workplace or a co-worker.
- Shaking your fist in a co-workers face.
- Sabotage of co-workers.
- Rumours, swearing, pranks.
- Property damage.

*Bullying*¹: A conscious, willful, and deliberate hostile activity intended to induce intimidation through the threat of further emotional or physical harm. It includes the following three elements:

- a) Imbalance of power: The bully can be older bigger, stronger, more verbally adept, higher up on the social ladder and/or decision-making ladder (i.e. people with authority over others), of a different race or of the opposite sex.
- b) Intent to harm: The bully means to inflict emotional and/or physical pain, and expects the action to hurt. Bullying is no accident, mistake, or slip of the tongue.
- c) A pattern of behaviour: The negative behaviour toward the victim has happened more than once and has caused fear in the victim that it will happen again.

*Workplace bullying*²: Persistent, offensive, abusive, intimidating or insulting behaviour, abuse of power or unfair penal sanctions which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress.

*Workplace harassment*³: Engaging in a course of vexatious comment or conduct against a worker, in a workplace, that is known or ought reasonably to be known to be unwelcome. Workplace harassment can involve unwelcome words or actions that are known or should be known to be offensive, embarrassing, humiliating or demeaning to a worker or group of workers. It can also include behaviour that intimidates, isolates or even discriminates against the targeted individual(s). Workplace harassment often involves repeated words or actions, or a pattern of behaviours, against a worker or group of workers in the workplace that are unwelcome.

Examples of Workplace Harassment could include but are not limited to:

- Making remarks, jokes or innuendos that demean, ridicule, intimidate, or offend.
- Displaying or circulating offensive pictures or materials in print or electronic form.
- Repeated offensive emails, texts or phone calls including messages on any social media platforms.
- Bullying which may include, isolating or excluding employees.

- Gossiping or spreading rumours.

Workplace Sexual Harassment

Engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome. Making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome. The comments or conduct typically happen more than once. See Bill 132 for more information.

Reasonable action or conduct by an employer or supervisor that is part of their normal work function would not normally be considered workplace harassment. This is the case even if there are sometimes unpleasant consequences for a worker. Examples could include changes in work assignments, scheduling, job assessment and evaluation, workplace safety inspections, implementation of dress codes and any form of disciplinary action.

Differences of opinion or minor disagreements between co-workers would also not generally be considered workplace harassment.

This policy is not intended to limit or constrain the reasonable exercise of management functions in the workplace. These functions include management's right to:

- establish terms and conditions of employment;
- maintain order, discipline, and efficiency;
- hire, discharge, direct, transfer, classify, promote, demote or discipline employees; and
- generally, manage the organization.

All employees will follow the Workplace Violence and Harassment policy and procedure. All employees are expected to immediately report all workplace violence and harassment incident to their Supervisor or Human Resources.

References:

¹Anoka-Hennepin School Board definition

²Amicus-MSF trade union

³Ontario Occupational Health and Safety Act

⁴Ontario Occupational Health and Safety Act

Review/Revisions:

On (YYYY-MM-DD): 2011-11-09

On (YYYY-MM-DD): 2014-11-12 (2-94 incorporated and retired)

On (YYYY-MM-DD): 2017-03-08

On (YYYY-MM-DD): 2019-12-11

On (YYYY-MM-DD): 2021-12-08

**PETERBOROUGH PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	December 8, 2021
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Larry Stinson, Director of Operations

PROPOSED RECOMMENDATIONS

That the Board of Health for Peterborough Public Health receive the following for information:

Correspondence from the Association of Local Public Health Agencies:

- a. Letter dated November 10, 2021 to Minister Elliott regarding COVID-19 extraordinary costs.
- b. Letter dated November 23, 2021 to Minister Elliott regarding extending proof-of-vaccination requirements to control COVID-19.

Correspondence from other local public health agencies:

- c. Algoma - Funding
- d. Windsor Essex – COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

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

November 10, 2021

Hon. Christine Elliott, MPP
Minister of Health
College Park 5th Flr,
777 Bay St,
Toronto, ON M7A 2J3

Dear Minister Elliott

Re: COVID-19 Extraordinary Costs

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 to express our gratitude for your Government's ongoing support of Ontario's local boards of health, most recently in the form of reimbursing each in full for their one-time funding requests to meet extraordinary costs arising from the COVID-19 response.

As the leaders of Ontario's local public health system, we are most appreciative of your recognition of the effort and resources required for an effective pandemic response, as well as the indication that future opportunities for similar reimbursements will continue through the 2021 and 2022 funding years. Although we are eager to return focus to other aspects of our important public health work, we have no doubt that pandemic response efforts will become part of our routine for the foreseeable future.

The coming months will continue to present both challenges and opportunities for Ontario as we aim for a relative return to normal. As we carry out our pandemic response activities alongside our many other duties that protect and promote the health of all Ontarians, our members are very pleased that we can continue to count on your support.

Sincerely,



Dr. Paul Roumeliotis
President

COPY: Dr. Kieran Moore, Chief Medical Officer of Health

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.

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
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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

November 23, 2021

The Honourable Christine Elliott, MPP
Deputy Premier and Minister of Health
College Park, 5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Elliott:

RE: Extending proof-of-vaccination requirements to control COVID-19

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 to ask you to reconsider the proposed timing for lifting proof-of-vaccine requirements, announced to begin in January of 2022.

We wish to reiterate our gratitude for the important step taken by the Government of Ontario in introducing a vaccine certificate policy in September of this year. When this was first announced, the level of full vaccination coverage in the eligible population (those turning 12 and above) was just over 67%. Thanks to our collective efforts under the leadership of the Province, this number is now over 86%, a remarkable and vitally important accomplishment.

Despite this, our work must continue in increasing vaccination coverage as a critical contributor to the control of COVID-19 and its Delta variant throughout Ontario. Often referred to as the challenging but necessary "last mile", reaching the vaccine coverage target of 90% or more will require as much support as possible. Working in partnership with a wide range of partners in a wide range of venues, including outreach to those in congregate settings and private dwellings, all efforts are being made across the province by local public health units to reach this goal.

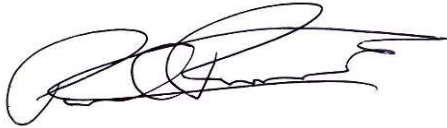
Despite these efforts, we are experiencing a gradual slowing of vaccination uptake, with a significant proportion of the eligible population not fully immunized and still vulnerable to COVID-19. The unimmunized population is where most of transmission continues to occur, contributing to the present upward trajectory of cases that we are seeing across the province currently. We believe that proof-of-vaccination remains a useful incentive for individuals to complete their full course of COVID vaccinations, and its value as such will only increase when we turn our efforts to vaccinating younger Ontarians and providing booster shots in the coming months.

The requirement for proof of vaccination to participate in higher risk activities or enter higher risk venues has permitted a safer and more sustainable reopening of the economy by increasing protection against transmission. In other words, it has all but eliminated the difficult choice between keeping businesses open and protecting public health. Given that our vaccination efforts to include third doses and children 5 to 11 years of age are expected to be at their peak throughout the early part of the New Year, we believe that it will be important to maintain this proven incentive until we reach the next set of evidence-based targets.

We are therefore asking that you commit to maintaining current proof of vaccination requirements under the provincial Plan to Safely Reopen Ontario until evidence shows that vaccination rates are high enough and COVID-19 transmission rates are low enough that they are no longer needed. The timely communication of such a commitment will serve as an important support for our collective efforts to reach that goal.

Thank you for your ongoing leadership and for considering our recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dr. Paul Roumeliotis', with a stylized flourish at the end.

Dr. Paul Roumeliotis,
President

COPY: Hon. Doug Ford, Premier of Ontario
Dr. Kieran Moore, Chief Medical Officer of Health

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.

November 16, 2021

The Honorable Christine Elliott,
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Dear Minister Elliott:

RE: Request for Annualized IPAC Hub Funding and Increase in Provincial Base Funding for Local Public Health

On October 27, 2021, at a regular meeting of the Board of Health for the Algoma Health Unit, the board approved a resolution requesting that the:

Board of Health for the District of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government **commit to increased base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue a robust pandemic response, and restore the delivery of mandated public health services to Ontario citizens.

Motion No.: 2021-92 Moved by: L. Mason Seconded by: E. Pearce

On behalf of the Board of Health for the District of Algoma Health unit, we thank you and your government for your leadership and financial support during the COVID-19 pandemic. We have appreciated the province's announcements to date for 2022, which have included one-time reimbursement to local public health units for extraordinary COVID-19 expenses and one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities. We also express gratitude for the recent approval of 2021-2022 one-time funding for the Infection Prevention and Control (IPAC) Hub Program at Algoma Public Health.

I am writing today to request provincial government commitment to **(a) annualize IPAC funding for northern PHUs to sustainably support IPAC hubs and (b) increase base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, to reflect the rising pressures on local public health unit resources. These pressures include:

- The need to routinize COVID-19 response activities, recognizing that COVID-19 will likely become a disease of public health significance and increase baseline public health work going forward;
- Increased wage, benefit, and operational costs due to inflation; and
- Increased demand for health units to restore mandatory programs to pre-pandemic capacity, address the backlog of services, and support population recovery from the COVID-19 pandemic.

Since the start of the COVID-19 pandemic, Algoma Public Health (APH) has provided a robust pandemic response to prevent and mitigate the spread of COVID-19. To date, APH has (a) managed 613 confirmed cases of COVID-19

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

in Algoma residents and non-Algoma residents temporarily in Algoma, 2506 high-risk close contacts of cases, and 30 COVID-19 related outbreaks, (b) fielded numerous community concerns regarding infection prevention and control and enforcement for COVID-19 measures, and (c) responded to over 42,000 COVID-related inquiries through our dedicated COVID-19 phone lines. Moreover, APH has coordinated COVID-19 mass immunization across the district, with **86.0% of eligible residents (12+) in Algoma now fully vaccinated** (as of November 8, 2021). Local public health knowledge, responsiveness, and partnerships have allowed for a flexible, equitable, and tailored pandemic response in Algoma that has strengthened our ability to achieve pandemic goals as a community.

However, to resource urgent pandemic response and immunization program needs, APH has diverted resources from moderate to low risk public health services to ensure a timely response to COVID-19 and maintenance of high-risk programming. Similar to other areas of the health sector, this has resulted in significant service **backlogs that unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts**. For perspective, the backlog of services includes, but is not limited to:

- 105 individuals on the waitlist for smoking cessation, which is equivalent to a 1-year waiting period.
- 14, 200 doses of vaccine to complete grade 7 catch-up along with 3370 doses required among newly eligible grade seven students.
- A 45 % reduction in food safety inspections completed in 2021, as compared to 2019 (pre-pandemic).
- An 18-month backlog in school dental screening and oral health preventative clinics for children.

As a local public health unit, if we do not start to catchup on the backlog of services and restore programming, the backlog will become too large to overcome.

Limitation of One-Time IPAC Hub Program Funding

As of October 19, 2021, APH received the 2021-2022 updated funding letter with one-time funding to continue the IPAC Hub program. One-time funding provided by the provincial government has been invaluable in supporting immediate IPAC needs in community based congregate living settings in Algoma. However, to date, these needs have been addressed by the existing staff complement, as the one-time nature of the IPAC funding has limited our ability to hire skilled, qualified professionals to support this work in the north. Therefore, as further detailed below, to ensure **sustainable resourcing and commitment to IPAC Hub support**, we are asking that the province commit to annual IPAC Hub Program funding for northern PHUs.

Need to Strengthen and Stabilize Public Health Human Resources

Ontario health systems continue to face many complexities, **with health human resources (HHR) being the biggest challenge**. Layered on the provincial HHR struggle includes the significant and longstanding challenges with recruitment and retention of skilled public health professionals in northern Ontario, similar to the unique HHR challenges of the health care sector in the north.

SARS demonstrated that our **most valuable resource in public health is our HHR** and the high level of expertise that exists at the central and local levels of public health.¹ In addition, as per recommendations from the post-SARS commission, there is need for attention and resourcing of a **public HHR and capacity building strategy**, alongside funding.¹

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the *Ontario Public Health Standards*. In addition,

¹The SARS Commission. (2004). SARS and public health in Ontario. Retrieved from http://www.archives.gov.on.ca/en/e_records/sars/report/v4.html

inflation, wage, benefit, and operating costs continued to increase. This means that we were **under-resourced to respond to an infectious disease emergency and implement routine public health priorities prior to the pandemic**, and will remain under-resourced to sustain response, program restoration, and recovery on the go forward unless base funding increases to match public health pressures.

To date, one-time funding has been geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today, and prepare for the public health emergencies of tomorrow. This comes at a detriment to northern Ontario, as when one-time funding is available, retention and recruitment continue to pose barriers to fulsome service delivery by public health (i.e., highly skilled professionals unlikely to move to the north for, or with the uncertainty of, a 4-month IPAC position contract).

One-time funding is inadequate to sustainably recruit, hire, and retain skilled, qualified public health professionals in northern Ontario to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services.

Without sustainable increases to provincial base funding, alongside municipal funding support to stabilize and strengthen the local public health workforce for the long-term, with strategies for recruitment and retention that align to northern Ontario, **local public health will be unable to sustain the COVID-19 response and immunization program while restoring mandated public health programming** to meet the needs of our communities and prepare for future health crises without further risk of exhausting existing human resources.

The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. Now, more than ever, communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response (e.g., increase in opioid overdose deaths, children's mental health).

For the above reasons, the Board of Health of Algoma Health Unit urges the provincial government to **commit to (a) annualized IPAC Hub funding and (b) increase base funding to local health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue pandemic response and restore mandatory public health services to Ontario citizens.

Thank you for considering this urgent matter.
Sincerely,



Mayor Sally Hagman
Chair, Board of Health

Cc: The Hon. Doug Ford, Premier
The Hon. Ross Romano, MPP Sault Ste. Marie
Michael Mantha, MPP Algoma-Manitoulin
Terry Sheehan, MP, Sault Ste. Marie
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

November 23, 2020

Delivered via email: christine.elliott@ontario.ca

Hon. Christine Elliott, Deputy Premier
Minister of Health
Ministry of Health
College Park 5th Flr,
777 Bay St, Toronto, ON M7A 2J3

Dear Minister Elliott:

On November 18, 2021, the Windsor-Essex County Board of Health passed the following Resolution regarding the **COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)**. **WECHU's resolution is outlined below where the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease":**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT

COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

November, 2021

ISSUE

On Thursday October 28, 2021, Chief Medical Officer of Health Dr. Kieran Moore indicated during a news briefing that the Province of Ontario would not be adding COVID-19 to the list of nine diseases that public school students must be immunized against.

Currently, there is no requirement for eligible students to provide proof of vaccination against COVID-19 for school attendance. Schools are a high-risk setting for COVID-19 and other communicable diseases as they bring together large numbers of individuals for long and extended periods of time increasing the likelihood transmission of certain diseases. As of November 15th, there have been more than 450 cohorts of students dismissed through schools and daycares due to COVID-19 exposure. The Immunization of School Pupils Act (Ministry of Health, 2021) requires that children and youth attending school be immunized against designated diseases, unless they have a valid exemption. The addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community.
- A systematic framework for parental vaccine education.

BACKGROUND

Vaccines are the safest and most efficient way to guard against communicable diseases and prevent outbreaks. [The Immunization of School Pupils Act](#) (ISPA) R.S.O. 1990 (Ministry of Health, 2021) requires that specified vaccines to be given for a child to attend school in Ontario making sure that all school aged children are protected from vaccine

preventable diseases. Currently under the ISPA, students must be immunized against measles, mumps, rubella, diphtheria, tetanus, meningococcal, varicella and polio, or have a valid Medical, or Conscience or Religious Belief exemption on file at the Health Unit. There is no cost for vaccines covered by [the publicly funded immunization program in Ontario](#).

MOTION

Whereas available COVID-19 vaccines have been approved by Health Canada to be safe and effective for students born in 2009 or earlier; and

Whereas additional approval by Health Canada to vaccinate individuals born after 2009 with COVID-19 vaccine is anticipated by the end of 2021; and

Whereas the COVID-19 pandemic is a global pandemic;

Whereas the Windsor-Essex region has been disproportionately affected by the COVID-19 pandemic; and

Whereas the Windsor-Essex region has lower rates of vaccination against COVID-19 particularly among eligible children and youth; and

Whereas the purpose of the Immunization of School Pupils Act is to increase the protection of the health of children against the diseases that are designated diseases; and

Whereas the IPISA requires that students be immunized for “designated diseases”: diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus, unless a specific exemption is sought through the act.

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a “designated disease”.

References:

Ministry of Health. (2021, April 19). *Immunization of School Pupils Act, R.S.O. 1990, c. / .1.* Retrieved from Government of Ontario Laws: ontario.ca/laws/statute/90i01

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

Sincerely,



Gary McNamara
Chair, Board of Health



Nicole Dupuis
Chief Executive Officer

c: Hon. Stephen Lecce, Minister of Education
Dr. Kieran Moore, Chief Medical Officer of Health
Association of Local Public Health Agencies – Loretta Ryan
Greater Essex County District School Board – Erin Kelly
Windsor Essex Catholic District School Board – Emelda Byrne
CSC Providence (French Catholic) – Joseph Picard
Conseil Scolaire Viamonde (French Public) – Martin Bertrand
WECHU Board of Health
Windsor City Council and Essex County Council