

**Board of Health for  
Peterborough Public Health  
AGENDA  
Board of Health Meeting  
Wednesday, January 11, 2023 – 5:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough**

**1. Call to Order**

Thomas Piggott, Medical Officer of Health and Chief Executive Officer

**1.1. Welcome and Land Acknowledgement**

**2. Elections and Appointments**

**2.1. Elections**

- [Cover Report](#)

**2.2. Committee Appointments**

- [Cover Report](#)
  - a. [Board Leadership and Committee Membership Selection Procedure](#) (*web hyperlink*)
  - b. [Terms of Reference, Governance Committee](#) (*web hyperlink*)
  - c. [Terms of Reference, Indigenous Health Advisory Circle](#) (*web hyperlink*)
  - d. [Terms of Reference, Stewardship Committee](#) (*web hyperlink*)

**3. Establishment of Date and Time of Regular Meetings**

- [Cover Report](#)

**4. Establishment of Honourarium for 2023**

- [Cover Report](#)

**5. Confirmation of the Agenda**

**6. Declaration of Pecuniary Interest**

**7. Consent Items to be Considered Separately**

*Board Members: Please identify which items you wish to consider separately from section 13 and advise the Chair when requested. For your convenience, circle the item(s) using the following list: 13.2 a b c; 13.4.1 a*

**8. Delegations and Presentations**

**9. Board Chair Report**

**10. Confirmation of the Minutes of the Previous Meeting**

- Cover Report
- a. Minutes, November 9, 2022

**11. Business Arising From the Minutes**

**12. Staff Reports**

**12.1. Staff Report: Improving Indoor Air Quality (IAQ) in Indoor Public Settings**

- Staff Report

**12.2. Presentation: Opioid-Related Harms Update**

- Cover Report
- a. Opioid Harms Data Portal (*web link*)

**12.3. Presentation: COVID-19 and Respiratory Virus Update**

- Cover Report
- a. Risk Index (*web link*)

**13. Consent Items**

**13.1. Correspondence for Direction**

**13.2. Correspondence for Information**

- Cover Report
- a. Joint Letter – Supervised Inhalation Services
- b. Minister Fullerton – HBHC/ITDP Funding
- c. ALPHa newsletter

**13.3. Staff Reports (nil)**

**13.4. Committee Reports**

#### **13.4.1. Indigenous Health Advisory Circle**

- [Cover Report](#)
- a. [Minutes, September 28, 2022](#)

#### **14. New Business**

#### **15. In Camera to Discuss Confidential Matters**

In accordance with the Municipal Act, 2001, Section 239(2) (d), Labour relations or employee negotiations; and, (e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board).

#### **16. Motions for Open Session**

#### **17. Date, Time, and Place of the Next Meeting**

Wednesday, February 8, 2023, 5:30 p.m.  
Multipurpose Rooms, 185 King Street, Peterborough

#### **18. Adjournment**

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**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Elections</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATION:**

*That the Board of Health for Peterborough Public Health approve the following leadership positions for the Board of Health for 2023:*

- *Board of Health Chairperson – Councillor Kathryn Wilson*
  - *Board of Health Vice-Chairperson – Mr. Dan Moloney*
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**BACKGROUND:**

With respect to Board Leadership and Committee Selection, in municipal election years, the task of determining interest falls to the PPH Executive versus the Board Governance Committee.

A call out was issued in December 2022, the above noted members expressed interest in these positions and are therefore recommended to the Board for approval.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Committee Appointments</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health appoint members to its Committees as follows for 2023:

Indigenous Health Advisory Circle

Councillor Dave Haacke  
Councillor Joy Lachica  
Councillor Nodin Knott

Governance Committee

Deputy Mayor Bonnie Clark  
Councillor Joy Lachica  
Mr. Dan Moloney  
Dr. Hans Stelzer

Stewardship Committee

Deputy Mayor Ron Black  
Deputy Mayor Matthew Graham  
Councillor Keith Riel  
Dr. Hans Stelzer

**BACKGROUND**

As per the previous item, a call out was carried out by PPH Executive in December 2022.

The Chairperson serves as an ex-officio member on all Committees.

**ATTACHMENTS**

- a. [Board Leadership and Committee Membership Selection Procedure](#) (*web hyperlink*)
- b. [Terms of Reference, Governance Committee](#) (*web hyperlink*)
- c. [Terms of Reference, Indigenous Health Advisory Circle](#) (*web hyperlink*)
- d. [Terms of Reference, Stewardship Committee](#) (*web hyperlink*)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Date and Time of Regular Meetings</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATION**

That the regular meetings for the Board of Health for Peterborough Public Health in 2023 be held on the following dates at 5:30 p.m., or at the call of the Chairperson:

- January 11, February 8, March 8, April 12, May 10, June 14, September 13, October 11, November 8, December 13.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Establishment of Honourarium for 2023</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATION**

That the Board of Health for Peterborough Public Health approve a 1.5% increase in honourarium for its members, representing a total amount of \$159.93 per meeting in 2023.

**BACKGROUND**

At its November 1, 2022 meeting, the Governance Committee considered this item and has made the above-noted recommendation.

The Board has an established policy and procedure for establishing honorariums for meeting attendance ([policy 2-150](#)) and for review of remuneration ([2-153](#)). Based on these policies, the Governance Committee is to request Board approval for changes to honorarium amounts at the first Board Meeting of the year and that the request be based on wage increases for unionized staff or the Ontario Consumer Price Index (CPI), whichever is less.

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Approval of Meeting Minutes</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on November 9, 2022.

**ATTACHMENTS**

- a. [Board of Health Minutes, November 9, 2022.](#)



**Board of Health for  
Peterborough Public Health  
MEETING MINUTES  
Wednesday, November 9, 2022 – 5:00 p.m.  
Virtual**

**In Attendance:**

**Board Members:** Councillor Gary Baldwin  
Deputy Mayor Bonnie Clark  
Deputy Mayor Matthew Graham  
Councillor Nodin Knott  
Mayor Andy Mitchell, Chair  
Mr. Dan Moloney  
Dr. Hans Stelzer  
Councillor Don Vassiliadis  
Councillor Kathryn Wilson

**Regrets:** Councillor Henry Clarke

**Staff:** Ms. Hallie Atter, Acting Director, Health Promotion  
Ms. Sarah Gill, Acting Manager, Communications  
Ms. Alida Gorizzan, Executive Assistant (Recorder)  
Ms. Jocelyn Qualtrough, Health Promoter, PPH  
Dr. Thomas Piggott, Medical Officer of Health & CEO  
Mr. Larry Stinson, Director of Operations

**Guests:** Ms. Donna Rogers, Executive Director, Fourcast

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**1. Call to Order**

Mayor Mitchell called the meeting to order at 5:03 p.m.

**1.1. Recognition – Outgoing Board of Health Chair**

Dr. Piggott recognized Mayor Mitchell for his years of service to the Board, and as Board Chair since 2020.

**1.2. Recognition – Outgoing Board of Health Members**

Dr. Piggott recognized all municipal representatives who served over the past term, specifically Councillor Henry Clarke who served as a Board Member for eighteen years.

## **2. Confirmation of the Agenda**

The agenda was confirmed as circulated.

## **3. Declaration of Pecuniary Interest**

## **4. Consent Items to be Considered Separately**

MOTION:

That the following items be passed as part of the Consent Agenda: 10.2 a,b,c,d; 10.4.1 a,b,c,d,e,f,h,i; 10.4.2 a,b,c,d

Moved: Deputy Mayor Clark

Seconded: Mr. Moloney

Motion carried. (M-2022-090)

MOTION (10.2 a,b,c,d)

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

- a. Association of Local Public Health Agencies e-newsletter dated October 18, 2022.
- b. Letter dated October 4, 2022 from the Board Chair to Minister Jones regarding support for the provincial appointment of Professor David Newhouse.
- c. HKPR - Healthy Babies Healthy Children Funding
- d. Timiskaming - Healthy Babies Healthy Children Funding

Moved: Deputy Mayor Clark

Seconded: Mr. Moloney

Motion carried. (M-2022-090)

MOTION (10.4.1 a,b,c,d,e,f,h,i)

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Governance Committee from July 26, 2022 for information;
- b. approve policy 2-151 Volunteer Remuneration (no changes);
- c. approve policy 2-402 Immunization (no changes);
- d. approve policy 2-403 Ethics Reporting Policy (no changes);
- e. approve policy 2-280 Complaints (revised);
- f. approve policy 2-153 Board Remuneration (revised);
- h. appoint Councillor Kathryn Wilson as Acting Board of Health Chair commencing November 14, 2022; and,
- i. cancel the regular Board of Health meeting scheduled for December 14, 2022, in favour of scheduling an orientation/education session for new and existing members to be held that month.

Moved: Deputy Mayor Clark  
Seconded: Mr. Moloney  
Motion carried. (M-2022-090)

MOTION (10.4.2 a,b,c,d)

That the Board of Health for Peterborough Public Health:

- a. receive meeting minutes of the Stewardship Committee from August 25, 2022 for information;
- b. receive the Q3 2022 Financial Report for information;
- c. receive the staff report, 2023 Budget Approval – Ontario Seniors Dental Program, for information; and; approve the 2023 budget for the Ontario Seniors Dental Program in the total amount of \$898,100; and,
- d. approve By-Law Number 7, Execution of Documents (no changes).

Moved: Deputy Mayor Clark  
Seconded: Mr. Moloney  
Motion carried. (M-2022-090)

**5. Delegations and Presentations**

**6. Board Chair Report**

**7. Confirmation of the Minutes of the Previous Meeting**

MOTION:

That the Board of Health for Peterborough Public Health approve the minutes of the meeting held on October 12, 2022.

Moved: Deputy Mayor Clark  
Seconded: Deputy Mayor Graham  
Motion carried. (M-2022-091)

**8. Business Arising From the Minutes**

**9. Staff Reports**

**9.1. Staff Report and Presentation: Drug Poisonings Update and Local Need for Supervised Inhalation Services**

Donna Rogers, Executive Director, Fourcast  
Jocelyn Qualtrough, Health Promoter

MOTION:

That the Board of Health for Peterborough Public Health:

- receive the staff report, Local Need for Supervised Inhalation Services, for information;

- receive the staff presentation, Drug Poisoning Update and Local Need for Inhalation Services, for information; and,
- write the Minister of Health to request provincial support for Supervised Inhalation Services in Peterborough, including funding to support the integration of this service within the Consumption and Treatment Services site (CTS) at 220 Simcoe Street; and
- send copies to local MPs and MPPs, local Councils, Fourcast, the Peterborough Drug Strategy, and the Health Canada Exemptions Branch.

Moved: Deputy Mayor Graham

Seconded: Mr. Moloney

Motion carried. (M-2022-092)

*Due to the request to pull items 10.3.3 and 10.3.4 from the consent agenda, it was noted that these items were going to be tabled after item 9.1 to accommodate staff departures.*

### **10.3.3 Staff Report: Proposed Fee Increases for the Safe Sewage Disposal Program**

MOTION:

That the Board of Health for Peterborough Public Health:

- receive the staff report, Proposed Fee Increases for the Safe Sewage Disposal Program, for information;
- direct staff to proceed with the statutory meeting as required by the Building Code Act to increase fees for service in the Safe Sewage Disposal Program as indicated in this report;
- direct staff to proceed with increasing fees for service in the Safe Sewage Disposal Program, effective January 1, 2023; and
- amend Schedule A Sewage System Fees to the Board of Health By-Law Number 8, Building Code Act – Sewage Systems.

Moved: Deputy Mayor Graham

Seconded: Deputy Mayor Clark

Motion carried. (M-2022-093)

### **10.3.4 Staff Report: Child Health Programs Update**

MOTION:

That the Board of Health for Peterborough Public Health:

- receive the staff report, *Child Health Programs Update*, for information; and,
- write to the Minister of Children, Community and Social Services:
  - that the Healthy Babies, Healthy Children and Infant and Toddler Development Programs remain 100% funded by the Ministry; and,
  - that they assess base funding and grant sufficient annual increases to board of health budgets to keep pace with financial costs associated with the demands from client families, partner agencies, and the community; and,

- send copies of this correspondence to local MPPs, the Association of Local Public Health Agencies and Ontario Boards of Health.

Moved: Councillor Baldwin

Seconded: Councillor Vassiliadis

Motion carried. (M-2022-094)

## **9.2. Staff Report and Presentation: 2023 Cost-Shared Budget Approval**

MOTION:

That the Board of Health for Peterborough Public Health:

- receive the staff report and presentation, 2023 Cost-Shared Budget Approval, for information; and,
- approve the 2023 Cost-Shared Budget for public health cost-shared programs of \$11,059,442.

Moved: Mr. Moloney

Seconded: Dr. Stelzer

Motion carried. (M-2022-095)

## **9.3. Presentation: COVID Update**

MOTION:

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

Moved: Mr. Moloney

Seconded: Deputy Mayor Clark

Motion carried. (M-2022-096)

## **10. Consent Items**

MOTION (10.3.1.):

That the Board of Health for Peterborough Public Health receive the report, Q3 2022 Status Report (July 1 – September 30, 2022), for information.

Moved: Deputy Mayor Clark

Seconded: Mr. Moloney

Motion carried. (M-2022-097)

MOTION (10.3.2.)

That the Board of Health for Peterborough Public Health receive the staff report, Q3 2022 Standards Activity Report – Risk Management, for information.

Moved: Deputy Mayor Clark

Seconded: Mr. Moloney

Motion carried. (M-2022-097)

MOTION (10.3.3g)

That the Board of Health for Peterborough Public Health approve policy 2-251 Orientation (revised).

Moved: Deputy Mayor Clark

Seconded: Mr. Moloney

Motion carried. (M-2022-097)

**11. New Business**

**12. In Camera to Discuss Confidential Matters**

MOTION:

That the Board of Health for Peterborough Public Health go In Camera at 6:53 p.m. to discuss one item under the Municipal Act, 2001, Section 239(2)(d), Labour relations or employee negotiations.

Moved: Councillor Vassiliadis

Seconded: Councillor Baldwin

Motion carried. (M-2022-098)

MOTION:

That the Board of Health rise from the In Camera session at 7:09 p.m.

Moved: Deputy Mayor Graham

Seconded: Dr. Stelzer

Motion carried. (M-2022-099)

**13. Motions for Open Session**

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

Wednesday, January 11, 2023 – 5:30 p.m., PPH/virtual, or at the call of the Chair.

**15. Adjournment**

MOTION:

*That the meeting be adjourned.*

Moved by: Deputy Mayor Graham

Seconded by: Deputy Mayor Clark

Motion carried. (M-2021-100)

The meeting was adjourned at 7:15 p.m.

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Chairperson

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Medical Officer of Health

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH – STAFF REPORT**

<b>TITLE:</b>	<b>Improving Indoor Air Quality (IAQ) in Indoor Public Settings</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Keith Beecroft, Health Promoter Julie Ingram, Manager, Environmental Health</b>
<b>APPROVED BY:</b>	<b>Donna Churipuy, Director of Health Protection Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health:

- receive the staff report, “Improving Indoor Air Quality (IAQ) in Indoor Public Settings”, for information;
- write to municipal and First Nations governments in our region to consider policy levers to improve indoor air quality and encourage the assessment and improvement of indoor air quality in their own public facilities;
- write a letter to the provincial Minister of Health and Minister of Municipal Affairs and Housing to advocate for changes to the Ontario Building Code that would outline the importance of improved IAQ for health reasons as it relates to the Ontario Building Code, with copies to local MPPs, MPs, Curve Lake & Hiawatha First Nations, and all Ontario Boards of Health;
- write to provincial Minister of Health and Minister of Municipal Affairs and Housing and federal Minister of Health, and Minister of Intergovernmental Affairs, Infrastructure and Communities to advocate for funding streams to be created at all levels of government that would help small businesses and other organizations upgrade their HVAC systems, and/or otherwise improve their indoor air quality by using best practices and implementing technological advancements so that clean air becomes the norm in these spaces, with copies to local MPPs, MPs, Curve Lake & Hiawatha First Nations, and all Ontario Boards of Health; and,
- direct staff to liaise with other sectors (e.g., environmental engineers, municipal building departments, the business community, etc.) to fully understand how changes could be implemented in indoor public and residential settings and explore opportunities for improvement.

**FINANCIAL IMPLICATIONS AND IMPACT**

No financial implications are expected.

**DECISION HISTORY**

The Board of Health has not previously made a decision with regards to this matter.

## **BACKGROUND**

The scope of this report focuses primarily on recommendations for indoor public settings. An indoor public setting is “any part of a building, structure or vehicle that is covered by a roof and where the public is invited or has access. It doesn’t matter if there is a fee to get in or not.”<sup>1</sup>

Additionally, the word ‘public’ does not mean, in this instance, publicly owned (i.e., owned by a municipality or provincial entity). Examples of indoor public settings would include foyers and laundry rooms in multiunit dwellings (but not the residential units), restaurants, shopping centers and the stores within them, places of worship, performing arts centers, libraries, sports venues, office spaces, etc.

The principles and subsequent solutions for improving IAQ in the residential portion of multiunit dwellings (MUDs) however, would be similar to those in other indoor public settings, but would require a different set of policy options to be applied, given the private nature of residential settings. As outlined in this report, improved IAQ is the end goal, but we need to be mindful that there are two streams of influence for public and private settings; different partners, stakeholders, and regulating authorities that will need to be engaged to help us meet that goal.

We’ve learned a great deal about COVID-19 since the pandemic began, most notably, is that COVID-19 is an airborne virus,<sup>2</sup> and does not spread as easily as we once thought by touching contaminated surfaces.<sup>3</sup> The Canadian Centre for Occupational Health and Safety states that “the virus that causes COVID-19 spreads from a person that is infected through the air, by respiratory droplets and aerosols.”<sup>4</sup> Additionally, the Ontario Science table noted that “aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas.”<sup>5</sup>

Former provincial regulations, such as the *Reopening Ontario (A Flexible Response to COVID-19) Act*, once outlined the mandatory public health measures to prevent the spread of COVID-19 such as environmental cleaning, capacity restrictions, masking in indoor settings and closures. It is now understood that some measures, like environmental cleaning and disinfection, may not be as effective for containing the transmission of COVID-19 in public settings as was once thought. New strategies to mitigate the spread of COVID-19 must be explored.

We have also come to learn that there isn’t a ‘silver bullet’ or ‘magic wand’ solution to mitigate the transmission of COVID-19 in our community, but rather [a series of interventions](#) and multiple layers of protection that need to be implemented at the same time (with the most interventions being used at any one time, having the greatest impact) to reduce transmission<sup>6</sup>.

When looking at the layers of protection against COVID-19, most of them rely on an individual's behavior and personal choices. For example, choosing to wear a mask, getting vaccinated, washing one’s hands, minding physical distance, and staying home when sick are strategies that can reduce the transmission of COVID-19. However, it is up to each individual to implement



these personal precautions as there are no longer provincial mandates in place requiring those actions.

From a systems level, however, and from a health equity lens, exploring options to improve Indoor Air Quality (IAQ) is one strategy that should be explored further. Improving IAQ could have health benefits for everyone, not just by reducing the spread of COVID-19, but also reducing the likelihood of other respiratory diseases negative health impacts caused by things like mould, carbon monoxide gas (CO), carbon dioxide gas (CO<sub>2</sub>), volatile organic compounds (VOCs), radon, and other respiratory pathogens. Quite simply, “IAQ is largely unregulated, represents the greatest environmental health risk for most Canadians, and poor IAQ disproportionately impacts vulnerable populations.”<sup>7</sup>

[Monitoring for CO<sub>2</sub>](#) is one indicator that can be used to help assess IAQ, but doing requires access to a CO<sub>2</sub> monitor. For that reason, the [Peterborough Public Library began lending CO<sub>2</sub> monitors](#) as part of its regular collection in the Spring of 2022, believed to be the first program of its type in North America. PPH was eager to support this initiative and was able to bring a variety of partners and academics together to help make CO<sub>2</sub> monitoring more accessible in our community. Recognized as an important tool to help mitigate the spread of COVID-19, other libraries have begun to offer similar programs including at the [Toronto Public Library](#) and [Timiskaming Shores Public Library](#). Monitoring of IAQ, including CO<sub>2</sub> levels in indoor spaces including schools, was [recently legislated in a broad manner in France](#), which will help awareness to lead to improvements in IAQ.

While CO<sub>2</sub> concentration can be used to assess IAQ, it is only one indicator, and alone isn’t enough to determine whether or not an indoor area has clean, safe air.<sup>8</sup> For this reason, other jurisdictions, like the City of Toronto with direction from Toronto Public Health, are beginning to explore the systems level changes that are needed to improve IAQ in the area served by Toronto Public Health.<sup>9</sup>

A recent Worker’s Compensation Board (WCB) [report](#) indicated that throughout the pandemic there have been increases for COVID-19 related claims, year over year, since the pandemic began with 4,831 claims in 2020, and 9,769 year-to-date in 2022.<sup>10</sup> A majority of the cases this year have been in municipal, education, and healthcare settings, followed by the business services sector and retail and wholesale sectors; notably, these are all indoor settings.<sup>11</sup>

Across these sectors, however, despite their different mandates, members and clients of business, education, and healthcare sectors alike, are all advocating for provincial strategies to reduce COVID-19 in their settings, while also noting the need for improved IAQ:

- Education: The Elementary Teacher’s Federation of Ontario notes that “poor ventilation has always represented a risk to staff and students. In a post-pandemic world, there must be a move to improve ventilation systems to make schools safer both now, and in the event of another significant infectious disease.”<sup>12</sup> This sentiment is shared by the Ontario Secondary Schools Teacher’s federation, who are calling for HEPA filters in all

classrooms and improvements to be made to ventilation systems in high schools.<sup>13</sup>

- Business and retail: The Ontario Chamber of Commerce, representing 60,000 members in 157 communities across Ontario, recently advocated to the Federal Government to fund a variety of tools to reduce the transmission of COVID-19, and noted the need to improve ventilation in their members' settings.<sup>14</sup>
- Health Care: In the Ontario Medical Association guide, 'Providing In-Person Care During the COVID-19 Pandemic', the importance of optimized ventilation and working in well ventilated spaces is noted several times.<sup>15</sup> This sentiment is shared by the Registered Nurses Association who have been actively advocating for improved IAQ, especially in schools.<sup>16,17</sup>

Plainly, there is an appetite for improved IAQ across many indoor sectors and people are coming to expect that there will be clean air in buildings, the same as there is potable water in these settings. "On average, Canadians spend 90 percent of their time indoors. For this reason, our indoor air quality is an important health concern."<sup>18</sup> Due to this, and for the reasons noted above, it is imperative that we start to examine ways to improve the IAQ in the area served by Peterborough Public Health. Improved IAQ in indoor settings will:

- Reduce the transmission of COVID-19 and other airborne illnesses;
- Reduce the health impact of other airborne contaminants;
- Improve the health outcomes related to airborne-related illnesses of the most vulnerable in our community;
- Support academic performance in schools;<sup>19</sup> and
- Increase productivity and decrease absenteeism in workplaces.<sup>20</sup>

## **RATIONALE**

While many Canadians already spend a significant proportion of their time indoors for work, at home, shopping, and for recreational activities, we can anticipate that our time indoors is likely to increase further, as we experience the impacts of climate change, including more frequent severe storms and extreme weather events. British Columbia has experienced severe wildfires over the last several summers and to minimize health effects, residents are advised to: "look for indoor environments that might be less smoky, such as shopping malls, community centres and libraries".<sup>21</sup> Furthermore, we anticipate the combination of heat and increased particulate matter pollution to combine in worsening both outdoor and indoor air quality, meaning that as we experience worsening impacts of the climate emergency, the importance of ensuring clean indoor air is more important than ever before.<sup>22</sup> Locally, when experiencing periods of extreme heat or extreme cold, residents are urged to remain indoors and out of the harsh elements.

There are clear links between increased ventilation, good IAQ, and the reduction of broad negative health impacts from both communicable and noncommunicable diseases. This has been known and promoted by public health professionals for an exceptionally long time. More

than twenty years ago, the World Health Organization European Centre for Environment and Health published a comprehensive report related to IAQ and policy making, noting that IAQ is an important determinant of health and IAQ policy can be developed and strengthened to “protect and promote health in the indoor environment”.<sup>23</sup> Internationally increased attention to government support and prioritization of clean indoor air is gaining traction; the United States has issued a Clean Air in Buildings Challenge as a call to action and funding mechanism to improve indoor clean air in the context of the COVID-19 pandemic.<sup>24</sup>

Addressing IAQ falls within the scope of the Ontario Public Health Standards, specifically, the Healthy Environments Standard.<sup>25</sup> PPH administers programs and services related to IAQ, such as the recent support of Peterborough Public Library’s CO<sub>2</sub> monitor device loaning program, the investigation of complaints related to poor IAQ, routine inspections of arenas and other facilities utilizing ice resurfacing machines (for CO levels), and hosting radon education sessions and distributing radon test kits in 2018 and 2019. COVID-19 has provided a stage and drawn attention to the importance of IAQ in a variety of settings. Now is the time to enhance the awareness around good ventilation and IAQ as a potential determinant of health, and engage with policymakers and stakeholders to continue to bring awareness and explore strategic opportunities to influence improvements.

Recognizing improved IAQ as a priority, specifically as a way to prevent the transmission of COVID 19, “the Ontario Society of Professional Engineers (OPSE) formed the Indoor Air Quality Advisory Group, responding to the need for evidence-based guidance around indoor air quality and transmission of COVID-19. The Advisory Group produced [many] reports, identifying how COVID spreads and how Ontarians can combat its spread.”<sup>26</sup> Recommendations they have developed include:

- increasing the minimum amount of air exchanges per hour,
- improving ventilation requirements to be in compliance with the American Society of Heating refrigeration and Air-conditioning Engineers and the Canadian Standards Association, (as monitored by CO<sub>2</sub> devices),
- ensuring that HVAC systems use at least MERV 13 rated filters, and that portable filters with HEPA filters are in occupied spaces where air quality is a concern, and
- committing to public transparency about the air quality of a space.<sup>27</sup>

These sentiments are echoed at the Federal level too, by Canada’s Chief Science Advisor who recommends in a new report that owners and operators of indoor public facilities “scale-up and monitor effective prevention interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens.”<sup>28</sup>

Efforts can start at the local level. PPH has formed an internal, multi-disciplinary working group related to ventilation and IAQ that includes members of the management team, Public Health Inspectors from Environmental Health and Infectious Diseases, Public Health Nurses from the School Health and COVID-19 Case and Contact Management teams, and a Health Promoter from the Health Protection division. An anticipated evaluation of this pilot project is

forthcoming. Following suit of other local public health agencies, such as Niagara Region Public Health, PPH intends to work toward incorporating IAQ best practices and evaluations as part of routine inspections of public indoor settings, as well as including considerations for IAQ improvements as part of outbreak control measures at high-risk facilities.

Upon direction from the Board of Health, the IAQ working group will engage with municipalities to explore policy options that could encourage and enhance IAQ improvements, such as property standards by-laws, and other opportunities to recognize the importance of good ventilation and improved IAQ in a variety of settings. There is potential for collaborative efforts to work toward safer indoor environments for our local residents. While we are well positioned with existing municipal relationships to advocate for local change, it is important to recognize that many of the policy levers for IAQ come from the provincial level, and are outside of the jurisdiction of local public health agencies and municipalities.

“The Building Code Act defines the purposes of the Building Code to include standards for public health and safety, fire protection, structural sufficiency, energy conservation, water conservation, environmental integrity and barrier-free accessibility of buildings.”<sup>29</sup> As residents of Ontario, we can enter various indoor settings with a high level of confidence for our safety, knowing that a building is structurally sound and has means of fire protection and egress. However, we must start including the air we breathe when we think of and refer to the safety of indoor settings. The *Ontario Building Code*, like other building and construction codes in Canada, emphasizes air tightness and energy efficiency to cope with winter cold and summer heat, potentially resulting in under-ventilated public and private settings.<sup>30</sup> Advocating to the Province to address ventilation with the goal of improving IAQ to reduce negative health impacts is another option for consideration.

At the Federal level, [Environment and Climate Change Canada](#) is recognizing the importance of IAQ in homes and promoting strategies that can be taken to improve the general indoor air quality of one’s home, as well as developing tools for organizations and individuals.<sup>31</sup> In addition, an IAQ study of newly built homes is currently underway, and study participants are being sought.<sup>32</sup> Promotion of these national-level efforts will continue to draw attention to the importance of IAQ for everyone.

It is clear that ventilation and indoor air quality are important for health in both public and private settings. Influence for change needs to come from a variety of stakeholders and policy must be leveraged locally, provincially and federally. Peterborough Public Health can continue to increase awareness about the importance of IAQ and good ventilation in indoor settings but it needs to be a collaborative effort to effect change that will benefit everyone.

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**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Opioid-Related Harms Update</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Hallie Atter, Acting Director, Health Promotion Division</b>

**PROPOSED RECOMMENDATIONS:**

That the Board of Health for Peterborough Public Health receive the presentation, Opioid-Related Harms Update, for information.

**ATTACHMENTS:**

- a. [Opioid Harms Data Portal](#) (*web link*)



**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>COVID-19 and Respiratory Virus Update</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Donna Churipuy, Director, Health Protection Division</b>

**PROPOSED RECOMMENDATIONS:**

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

**ATTACHMENTS:**

- a. [Peterborough Region COVID-19 and Respiratory Virus Risk Index](#) (*web link*)

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Correspondence for Information</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

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

- a. Joint letter dated November 21, 2022 from the PPH & FourCast to Ministers Jones and Tibollo regarding supervised inhalation services in Peterborough.
- b. Letter dated November 24, 2022 from the Acting Board Chair to Minister Fullerton regarding HBHC & ITDP funding.
- c. Association of Local Public Health Agencies e-newsletter dated December 16, 2022.\*

*\*Note regarding the alpha Winter Symposium scheduled for February 24, members are encouraged to send expressions of interest to the EA by January 27, 2023*

**PLEASE ROUTE TO:**

**All Board of Health Members  
All Members of Regional Health & Social Service Committees  
All Senior Public Health Managers**

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**December 16, 2022**

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## **December 2022 InfoBreak**

*This update is a tool to keep alPHA's members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence, and events. Visit us at [alphaweb.org](http://alphaweb.org).*

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### **Leader to Leader – A Message from alPHA's President – December 2022**

Looking in the rear-view mirror for 2022, it has been reassuring to see local public health rise up and resume many of its core functions and moving forward, despite the ongoing challenges of responding to COVID-19. Through public health leadership, public health will continue to remain nimble and strong at the alPHA Board and staff level.

Reflection is one of the most underused, yet most powerful tools for future success for organizations and it is important to celebrate the milestones along the way. Highlights in 2022 for alPHA include:

- alPHA's Annual Report to membership in June 2022
- alPHA Resolutions including Public Health Restructuring/Modernization & COVID-19: A22-2 PH Restructuring.pdf ([ymaws.com](http://ymaws.com))
- In November 2022 after an extensive review and updating to coincide with the orientation of newly elected Board of Health members, alPHA launched the BOH Orientation Manual and BOH Governance Toolkit which is complimented by the ever-growing BOH Shared Resources Page
- alPHA's Public Health Resilience in Ontario Clearing the Backlog, Resuming Routine Programs, and Maintaining an Effective Covid-19 Response report and executive summary

- 2022 Pre-Budget Consultations
- alPHA 2022 Elections Primer and its infographic and video have been revised.
- alPHA's submissions on PH Modernization, including the Statement of Principles
- Information Break, alPHA's monthly newsletter is a key communication tool that highlights public policy submissions, key events, and activities.
- Twitter @PHAgenies was very actively profiling association activities.

A component of alPHA's success in 2022 has been based on the reciprocal relationships alPHA has built and nurtured over the years. It is an extensive list that to name a few, includes Ontario's key decision-makers, Ontario's Ministry of Health, Ontario's Chief Medical Officer of Health, Public Health Ontario, Ontario Health, Association of Municipalities of Ontario, Ontario Medical Association, and Affiliate public health associations. As well, alPHA celebrates the importance of the existing network of relationships with our 34-member local public health units.

alPHA noted in correspondence to the Hon. Sylvia Jones, Minister of Health, that this is a pivotal time for health protection and health promotion in Ontario and that our work done in collaboration with local public health partners and within the broader health system results in a healthier population that contributes to a stronger economy while preserving costly and scarce health care resources. alPHA stressed that after all, Ontario's economy stays open when our public are healthy and protected and that there is no better return on investment than in public health.

The view looking ahead in 2023 is even clearer. alPHA, guided by its Strategic Plan, will continue to lead with one, unified voice representing the public health system across its member constituents in its commitment to influence Ontario's decision-makers to ensure a robust *local* public health system with ample resources to protect the entire population's health. These efforts in 2023 will include responding to the government's recently announced Pre-Budget Consultations. Through this and other actions, alPHA will continue to provide valued resources and services to its members.

The success of alPHA is built not only on the support of you, its members, it requires a dedicated and unified governance board, complimented by the tremendous work and services provided by alPHA staff. The alPHA Board continues to give the association a uniquely qualified and unified leadership voice for Ontario's local public health system. alPHA is fortunate to have Board members who volunteer and are passionate about public health - thank you to each and every one. Also, thank you for the excellent leadership and performance by alPHA's Executive Director Loretta Ryan and her staff Gordon Fleming and Melanie Dziengo, along with a dedicated team of consultants.

Whether you are a Board of Health member, a Medical Officer of Health, a Chief Executive Officer, in a senior leadership role, or on the front lines - how reassuring it has been to Ontarians to know they can count on all of you, regardless of the challenges of 2022. On behalf of alPHa, please allow me to extend my personal and genuine appreciation to each and every one of you for your valuable contributions to local public health and your continued support for alPHa.

There is much optimism for 2023 and what is in store for alPHa and its membership. Enthusiasm and anticipation are building around new opportunities at alPHa's Winter Symposium February 24, 2023, and for the AGM/Conference June 11-13, 2023. Stay tuned for more details in the new year.

***On behalf of the alPHa team - best wishes for a happy, bright and healthy future road ahead!***

## **Trudy**

Trudy Sachowski,  
President

*'A leader is one who knows the way, goes the way and shows the way.'*

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## **2023 Pre-Budget Consultations**

The provincial government is [consulting on the 2023 Budget](#). alPHa will also be submitting a response. If you have any thoughts or comments, please send these to alPHa's Executive Director, Loretta Ryan, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) by January 20, 2023.

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## **2022 BOH Governance Toolkit released**

The 2022 BOH Governance Toolkit has been updated and helps new and existing Board of Health members to understand their roles and responsibilities as public health officials. It also keeps them updated on the latest public health initiatives. It also compliments the [BOH Orientation Manual](#), which was released last month.

You can view the BOH Governance Toolkit [here](#).

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## 2022 BOH Orientation Manual

The 2022 alPHA Orientation Manual for Boards of Health has been updated to provide new and existing Board of Health members with summary information on public health in Ontario and on the roles and responsibilities of a board of health.

You can view the BOH Orientation Manual [here](#).

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## The Ontario Public Health Directory has been updated

The Ontario Public Health Directory has been updated. Thank you to everyone who sent in updates. You can get the latest version via [this link](#). Please note that you will have to log in to see the directory. Keep this link on file as the directory is frequently updated. Additionally, any changes can be made by sending a PDF version to [communications@alphaweb.org](mailto:communications@alphaweb.org).

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## Boards of Health: Shared Resources

A resource [page](#) is available on alPHA's website for Board of Health members to facilitate the sharing of and access to orientation materials, best practices, by-laws, resolutions, and other resources. If you have a best practice, by-law or any other resource that you would like to make available, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto:gordon@alphaweb.org) and for posting in the appropriate library.

Resources available on the alPHA website include:

- [Orientation Manual for Boards of Health \(Revised November 2022\)](#)
- [Review of Board of Health Liability, 2018 \(PowerPoint presentation, Feb. 21, 2019\)](#)
- [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
- [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
- [Public Appointee Role and Governance Overview \(for Provincial Appointees to BOH\)](#)
- [Ontario Boards of Health By Region](#)
- [List of Health Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of](#)

- [Governance Toolkit \(Revised 2022\)Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Ontario Public Health Standards](#)
- [Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health \(2022 U of T Report\)](#)

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## **alPHa Affiliates Update**

### **Ontario Association of Public Health Nursing Leaders**

The Ontario Association of Public Health Nursing Leaders (OPHNL), in partnership with the Ministry of Health, Ministry of Education, and Ontario Public Health Epidemiologist Network conducted an evaluation of the School Focused Nurse Initiative (SFNI). This evaluation documents lessons learned during the implementation of this program during the COVID-19 pandemic response. Based on the SFNI evaluation, OPHNL has released recommendations which were received by the alPHa Board of Directors on November 10, 2022. To access the full report and recommendations [click here](#).

### **Association of Supervisors of Public Health Inspectors of Ontario**

The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) hosted the 2022 Fall Conference & AGM in Toronto from November 24-25. The membership engaged in discussion on the impact of the pandemic on the public health workforce, specifically public health inspectors in representation of an over-extended workforce that has direct impacts on ability for public health units to conduct work under the Ontario Public Health Standards. As an outcome of the discussion, ASPHIO will form a working group to assess the current state of the public health inspector workforce and its impact on the delivery of programs and services.

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## **Association of Municipalities of Ontario (AMO) New Head of Council and New Councillor Training**

AMO is offering training for New Heads of Councillors and New Councillors. The training will feature subject matter experts, helping participants “managing diverse aspects and expectations on issues [they] will find before [their] term.” You can register for the New Head of Councillor Training [here](#) and register for New Councillor training [here](#).

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## **Thank you to everyone who submitted Abstracts!**

For 2023, TOPHC is hosting a two-day convention that will include one day of virtual presentations and interactive activities and a second day of in-person workshops and networking.

### **Important dates**

- January 30: Registration opens
- March 27: Virtual convention

#TOPHC2023 is created by and for public health professionals and will deliver workshops, presentations, and keynotes focused on the unique experiences, challenges and opportunities in public health today. TOPHC events offer a chance for public health professionals to learn from each other, get inspired, provoke thought and move forward to make a difference in their careers and communities. TOPHC is hosted by ALPHa.

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## **Burnout among people who work in public health settings in Canada**

Dr. David Poon, a Public Health and Preventative Medicine Resident, and Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer with Public Health Ontario, invite you to participate in an online survey that explores burnout among people who work in public health settings in Canada. Their team of researchers is exploring burnout among the public health workforce in Canada. You are invited to participate by completing a 10-minute survey about your experience during the pandemic as a public health worker. Please [complete the survey](#) before 31 December 2022. You can also complete the survey in French [here](#).

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## **Public Health Ontario**

### **Variants of Concern**

- [Risk Assessment for Omicron Sub-lineage XBB and XBB.1 \(as of November 2, 2022\)](#)
- [Risk Assessment for Omicron Sub-Lineage BA.2.75.2 \(as of October 17, 2022\)](#)
- [Risk Assessment for Omicron Sub-Lineage BF.7 \(as of October 11, 2022\)](#)



- [Risk Assessment for Omicron Sub-lineage BQ.1 and its Sub-lineages \(BQ.1\\*\) \(as of November 30, 2022\)](#)
  - [SARS-CoV-2 Genomic Surveillance in Ontario, December 2, 2022](#)
- Check out PHO's [Variants of Concern](#) web page for the most up-to-date resources.

### **Additional Resources – New**

- [Antiviral Medications for Seasonal Influenza: Public Health Considerations](#)
  - [Vaccines for the 2022-23 Influenza Season](#)
  - [Mpox \(formerly monkeypox\) Resources](#)
  - [COVID-19 and Other Respiratory Illnesses in Pediatric Populations](#)
  - [COVID-19 in Ontario Weekly Epidemiological Summary](#)
  - [COVID-19 Wastewater Surveillance in Ontario](#)
  - [Respiratory Virus Overview in Ontario from November 27, 2022 to December 3, 2022 \(Week 48\)](#)
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### **New Members Appointed to Ontario Public Health Emergencies Science Advisory Committee**

New members with diverse expertise in public health threats and emergencies, including areas of epidemiology and surveillance, public health, health equity and social justice, emergency planning and occupational health have been appointed to the [Ontario Public Health Emergencies Science Advisory Committee \(OPHESAC\)](#). Read the full announcement on PHO's [News page](#).

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### **Centennial College Workplace Wellness and Health Promotion Program**

aPHa is pleased to announced the association has successfully secured a student from Centennial College's post-graduate Workplace Wellness and Health Promotion Program! Franger Jimenez will begin his placement with aPHa early in 2023. Stay tuned for more information.

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### **RRFSS Update**

The COVID-19 pandemic continues to have a profound impact on the health of Canadians. Throughout the pandemic, local public health units redirected many

resources to emergency pandemic response. However, there is now an urgent need for public health units to focus on the unintended consequences of the pandemic and address current health priorities for their local populations. Measuring health outcomes and risk factors at the local level is critical to evidence-informed public health programming.

The innovative design of the RRFSS allows Health Units to fill a gap in public health surveillance and to measure health indicators on urgent public health topics (including substance use, mental health, and COVID-19 impacts) that are not available from any other data sources. There has never been a greater need for health units to collect RRFSS data! Please contact, Lynne Russell, RRFSS Coordinator for more information: [lynnerussell@rrfss.ca](mailto:lynnerussell@rrfss.ca)

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## COVID-19 Update

The digital team at the Ministry of Health has launched a new landing page and new streamlined content pages for COVID-19 content.

The new landing page, which replaces [covid-19.ontario.ca](https://www.ontario.ca/page/covid-19), can now be found at:  
<https://www.ontario.ca/page/covid-19-coronavirus> (English)  
<https://www.ontario.ca/fr/page/covid-19-le-coronavirus> (French)

As well, the ministry has overhauled the previous versions of the public health measures pages, six vaccine pages, and testing and treatment pages, which can now be found at:

<https://www.ontario.ca/page/public-health-measures-and-advice>  
<https://www.ontario.ca/page/covid-19-vaccines>  
<https://www.ontario.ca/page/covid-19-testing-and-treatment>

As part of the response to COVID-19, alpha continues to represent the public health system and work with key stakeholders. **NOTE:** In alignment with the wind-down of provincial emergency response measures and the shift to managing COVID-19 through routine operations, the ministry's daily COVID-19 Situation Report will no longer be distributed after June 10 2022. COVID-19 data will continue to be reported on [the Ministry of Health website](#) and through the [Public Health Ontario's COVID-19 data tool](#)."

[Visit the Ministry of Health's page on guidance for the health sector](#)  
[View the Ministry's website on the status of COVID-19 cases](#)  
[Go to Public Health Ontario's COVID-19 website](#)

[Visit the Public Health Agency of Canada's COVID-19 website](#)  
[alPHA's recent COVID-19 related submissions can be found here](#)

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## **Hold the date for the Winter Symposium and Annual Conference & AGM**

alPHA's 2023 Winter Symposium is on February 24th and the Pre-Symposium Workshop will be held on February 23rd.

The 2023 Annual Conference and AGM is on June 11th-13th.

Please stay tuned for further information about these events!

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## **alPHA Correspondence**

Through policy analysis, 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. Below are submissions that have been sent in since the last newsletter. A complete online library is available [here](#).

### [alPHA Letter - Executive Lead, Public Health](#)

November 30, 2022 from the President of the Association of Local Public Health Agencies (alPHA) congratulating Elizabeth Walker on her appointment as Executive Lead, Public Health at the Ministry of Health.

### [alPHA Letter - Support for APHEO re DoPHS IT](#)

November 24, 2022 from the President of the Association of Local Public Health Agencies (alPHA) calling for support of a request from the Association of Public Health Epidemiologists in Ontario (APHEO) for representation on the Case Contact Management Steering Committee.

### [alPHA Letter 2 - Resolution A22-2 - Cooling Towers](#)

October 14, 2022 letter from the President of the Association of Local Public Health Agencies (alPHA), which reintroduces our call on the ministry to create province-wide mandatory cooling tower registration system to facilitate the investigation and

management of legionella outbreaks such as the one that is now being investigated in the town of Orillia.

#### [alPHA Letter - DSNO, Resolution A22-4 - Opioids](#)

October 14 letter from alPHA that communicates our endorsement in principle of the Drug Strategy Network of Ontario (DSNO) Solutions to End the Drug Poisoning Crisis in Ontario: Choosing a New Direction as it aligns with alPHA's related and previously communicated resolution (A22-4).

#### [alPHA Letter - Collection of Sociodemographic Data](#)

October 14, 2022 letter to the Minister of Health urging the incorporation of sociodemographic data (SDD) in all database systems, including the Case Contact Management expansion (which is replacing iPHIS) for reporting of diseases of public health significance (DoPHS).

#### [alPHA Letter - Chief of Nursing/ADM](#)

September 6, 2022 letter from the Association of Local Public Health Agencies congratulating the new Chief of Nursing & Professional Practice & Assistant Deputy Minister of Health.

#### [MMAH Response - Resolution A22-3 - Cooling Towers](#)

August 24, 2022 letter from the Minister of Municipal Affairs and Housing to the President of the Association of Local Public Health Agencies.

#### [alPHA Letter - President & CEO, PHO](#)

July 18, 2022 letter from the alPHA ED welcoming Dr. Michael Sherar as the new President and CEO of Public Health Ontario.

#### [alPHA Letter - Resolution A22-5 - Harm Reduction](#)

July 18, 2022 letter to the Minister of Health that introduces alPHA Resolution A22-5, Indigenous Harm Reduction - A Wellness Journey.

#### [alPHA Letter - Resolution A22-4 - Opioids](#)

July 18, 2022 alPHA letter to the Minister of Health that introduces Resolution A22-4, Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario.

#### [alPHA Letter - Resolution A22-3 - Cooling Towers](#)

July 18, 2022 alPHA letter to the Minister of Municipal Affairs and Housing that

introduces Resolution A22-3, which calls for a provincial cooling tower registry for the public health management of legionella outbreaks.

#### [alPHa Letter - Resolution A22-1 - Racism & Health](#)

July 18, 2022 letter to the Minister of Health that introduces Resolution A22-1, Race-Based Inequities in Health.

#### [alPHa Letter - The Future of Public Health](#)

July 18, 2022 letter to the Minister of Health that provides several documents (Including Resolution A22-2, Public Health Restructuring/Modernization & COVID-19) that give an overview of alPHa's positions and principles that we hope will be carefully considered as Ontario's public health system is reviewed and strengthened in the wake of the emergency phase of the COVID-19 response. Note: This is a follow up to the [welcome letter](#) sent to the new Minister on June 27, 2022.

#### [alPHa Letter - 2022 Resolutions](#)

July 18, 2022 letter from the President of the Association of Local Public Health Agencies that introduces five resolutions that were passed by our members at the 2022 Annual General Meeting.

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## News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).



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November 21, 2022

The Honourable Sylvia Jones  
Deputy Premier and Minister of Health  
[sylvia.jones@ontario.ca](mailto:sylvia.jones@ontario.ca)

The Honourable Michael Tibollo  
Associate Minister, Mental Health and Addictions  
[michael.tibollo@ontario.ca](mailto:michael.tibollo@ontario.ca)

Dear Honourable Ministers:

**Re: Supervised Inhalation Services in Peterborough**

Following years of effective collaboration, Peterborough's Consumption and Treatment Services site (CTS) officially opened in June 2022. Since then with provincial funding this has become a life-saving service in our community with utilization rates steadily increasing, culminating in over 3,000 visits by nearly 200 individuals as of the end of October.

Every visit to the CTS represents a potential life saved or injury prevented, a new service connection or referral, and a reduction in public drug use and drug litter. Together, these outcomes enhance individual health and public safety, while relieving pressure on the health system and reducing demand for emergency services. In the context of escalating drug-related harms, these results confirm that the CTS is an invaluable asset that is bolstering our region's collaborative response to the drug poisoning crisis, which last year claimed the lives of almost 2900 Ontarians.

Despite the early success of the CTS in our community, health surveillance data reveals that more work remains to effectively address the drug poisoning crisis. In particular, while the Peterborough CTS is equipped to serve the needs of people who use drugs via injection, intranasal, or oral routes, inhalation is not currently permitted under Ontario's provincially-funded Consumption and Treatment Services program. This gap persists despite growing evidence demonstrating need for tailored services to address rising rates of inhalation drug use locally and across the province.

Locally, deaths due to inhalation have increased annually since 2019. In 2021, almost half of all opioid-related deaths were attributable to smoking opioids, compared to less than 10% who died from injection drug use. Harm reduction service providers have also reported that distribution of safer smoking supplies doubled in 2021, outpacing transactions involving needles by a ratio of 6 to 1. Similar trends have been observed across the province, indicating that additional supports are required beyond the municipal level.

Through conversations with our provincial representative, MPP Dave Smith, he has signalled support that provincial CTS program expansion to permit supervised inhalation is an important need. He has shared concern that in its absence trust, with people who use drugs via inhalation and may be turned away, cannot effectively be built. We are grateful for this support, and echo his belief that such investments are necessary to ensure an inclusive, accessible, and effective service model that will meet the diverse needs of individuals that are impacted by the drug poisoning crisis.

To achieve these goals, provincial authorization and funding is required to reduce regulatory barriers, offset additional staffing costs and upgrade CTS facilities to create a safe environment for clients and staff. This can be achieved by aligning provincial regulations to Health Canada's requirements for the design and implementation of supervised inhalation services under the existing Federal exemption process.

To this end, the Boards of Fourcast and Peterborough Public Health are writing to request your support in reducing barriers to supervised inhalation in Ontario. We look forward to working with you to advance this critical public health objective.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Acting Chair, Board of Health  
Peterborough Public Health

***Original signed by***

Elaine Akers  
Chair, Board of Directors  
Fourcast

cc: Dr. Thomas Piggott, Medical Officer of Health & CEO, Peterborough Public Health  
Donna Rogers, Executive Director, Fourcast  
Local Councils  
Peterborough Drug Strategy  
Dave Smith, MPP, Peterborough Kawartha  
Laurie Scott, MPP, Haliburton – Kawartha Lakes – Brock  
Hon. Dave Piccini, MPP, Northumberland - Peterborough South  
Michelle Ferreri, MP, Peterborough – Kawartha  
Jamie Schmale, MP, Haliburton – Kawartha Lakes – Brock  
Philip Lawrence, MP, Northumberland – Peterborough South  
Health Canada Exemptions Branch

November 24, 2022

Hon. Merrilee Fullerton  
Ministry of Children, Community and Social Services  
[MinisterMCCSS@ontario.ca](mailto:MinisterMCCSS@ontario.ca)

Dear Minister Fullerton:

**Re: Healthy Babies Healthy Children (HBHC) and Infant Toddler Development Program (ITDP) Funding**

The HBHC and ITDP programs are vital public health programs supporting the most high-risk families in our community. Peterborough Public Health (PPH) remains committed to providing this service to the residents of Curve Lake and Hiawatha First Nations and the County and City of Peterborough, however, are requesting a review of base funding for both programs by the Ministry of Children, Community and Social Services (MCCSS). The review of base funding is being requested so that these programs are able to continue to meet the growing complex needs of our community.

At its meeting on November 9, 2022 the Board of Health passed the following motion:

*“The Board of Health for Peterborough Public Health will write to the Minister of Children, Community and Social Services that:*

- the Healthy Babies, Healthy Children and Infant and Toddler Development Programs remain 100% funded by the Ministry; and,*
- that they assess base funding and grant sufficient annual increases to board of health budgets to keep pace with financial costs associated with the demands from client families, partner agencies, and the community;”*

Provincial base funding for the HBHC and ITDP programs has not seen increases since 2015 and 2002 respectively. To allow for inflationary increases, PPH has been forced to institute a reduction in staffing and further reductions are possible. PPH is concerned that the current base funding is insufficient to fully implement the delivery of both of these critical programs with increases such as collective agreement commitments to steps on salary grids, travel costs, and operational and administrative costs.

Positive early childhood experiences are fundamental to the developing brain. It is well documented that the experiences of children early in life have an impact on adult health outcomes. HBHC and ITDP are programs that promote positive child development and help mitigate the risk of adverse childhood experiences and resulting health impacts.

Due to chronic underfunding of the HBHC and ITDP programs, fewer families are being served. Staff have less capacity for promotion of the program, education and support to community partner agencies (hospital, primary care, etc.). This results in fewer referrals and missed opportunities for assessment and intervention for families at risk. Without an increase in funding the HBHC and ITDP programs cannot provide the



therapeutic interventions that enhance child development nor target the key indicators that promote healthy growth and development.

On behalf of the Board of Health for PPH, I am respectfully requesting your commitment to carefully review base-funding needs for the Healthy Babies, Healthy Children and Infant Toddler Development programs.

Sincerely,

***Original signed by***

Councillor Kathryn Wilson  
Acting Chair, Board of Health

/ag

cc: Local MPPs  
Association of Local Public Health Agencies  
Ontario Boards of Health

**PETERBOROUGH PUBLIC HEALTH  
BOARD OF HEALTH**

<b>TITLE:</b>	<b>Indigenous Health Advisory Circle Report</b>
<b>DATE:</b>	<b>January 11, 2023</b>
<b>PREPARED BY:</b>	<b>Alida Gorizzan, Executive Assistant, on behalf of Councillor Kathryn Wilson, Circle Chair</b>
<b>APPROVED BY:</b>	<b>Dr. Thomas Piggott, Medical Officer of Health &amp; CEO</b>

**PROPOSED RECOMMENDATIONS**

That the Board of Health for Peterborough Public Health receive meeting minutes of the Indigenous Health Advisory Circle (IHAC) from September 28, 2022 for information.

**BACKGROUND**

IHAC held its last meeting on December 12, 2022. At that meeting, the attached minutes were approved and circulation to the Board of Health was requested.

**ATTACHMENTS**

- a. [September 28, 2022 IHAC Minutes](#)

**Indigenous Health Advisory Circle  
MINUTES  
Wednesday, September 28, 2022 – 3:30 – 5:00 p.m.  
Dr. J.K. Edwards Board Room, 3<sup>rd</sup> Floor, Peterborough Public Health**

**Present:** Ms. Barbara Card (virtual)  
Ms. Angela Connors (virtual)  
Councillor Nodin Knott (virtual)  
Mayor Andy Mitchell (virtual)  
Professor David Newhouse (virtual)  
Ms. Rebecca Watts (virtual)  
Councillor Kathryn Wilson, Chair

**Regrets:** Ms. Liz Stone  
Councillor Henry Clarke

**Staff:** Mrs. Hallie Atter, Director of Health Promotion  
Ms. Alida Gorizzan, Executive Assistant, Recorder (virtual)  
Dr. Thomas Piggott, Medical Officer of Health & CEO

**Guest:** Sterling Stutz, University of Toronto

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**1. Call to Order and Welcome**

Councillor Wilson, Chair, called the Indigenous Health Advisory Circle meeting to order at 3:40 p.m.

**2. Confirmation of the Agenda**

The agenda was confirmed by the members in attendance.

**3. Minutes of the Previous Meeting**

The minutes from June 22, 2022 were provided for information, and will be circulated to the Board of Health.

**4. Items Arising From the Minutes**

**4.1. Board of Health Indigenous Health Orientation Content - Discussion**

Sterling Stutz from the University of Toronto joined the meeting to provide an

overview of the content and development of the micro-credential course created by the University of Toronto for Peterborough Public Health, which included contributions from local Indigenous and First Nations representatives.

**RECOMMENDATION: The Indigenous Health Advisory Circle (IHAC) recommends to the Board of Health for Peterborough Public Health that all Board members be required to complete the Indigenous Cultural Safety Micro-Credential Course.**

#### 4.2. PPH Strategic Plan

Dr. Piggott reviewed the final [PPH Strategic Plan](#) (2022-25) and highlighted areas which were relevant to IHAC.

As a first step, the Board has prioritized active allyship for Indigenous self-determination and Indigenous health equity. Specifically, striving to “continue to promote the critical importance of the Health Protection and Promotion Act section 50 participation of First Nations in Peterborough Public Health governance and the Indigenous Health Advisory Circle” and to “support increased representation of Indigenous peoples on important committees related to our work scope”.

To this end, an appointment by the Minister of Health to the Board of Health of a current IHAC member would support this goal. Professor Newhouse had previously expressed an interest in pursuing a provincial appointment, and shared his desire to proceed with an application, if supported.

**RECOMMENDATION: The Indigenous Health Advisory Circle (IHAC) recommends that the Board of Health write a letter of support to the Minister of Health (via the Public Appointments Unit), with copies to local MPPs, for the provincial appointment of Professor David Newhouse.**

#### 4.3. Land Acknowledgement Policy

IHAC discussed and proposed revisions to this policy. A shortened ‘example’ was included (courtesy of language utilized by Trent University); staff and Board members will be encouraged to research and personalize the acknowledgement so that it is meaningful and relevant to any meeting they are beginning.

**RECOMMENDATION: The Indigenous Health Advisory Circle (IHAC) recommends that the Board of Health approve revisions to policy 2-50, Land Acknowledgement and Recognition of Indigenous Cultures.**

**ACTION: The Chair offered to attend a future staff meeting to provide an overview of this policy.**

5. **New Business**

5.1. **Policy Review – Jordan’s Principle**

IHAC discussed and proposed revisions to this policy. Specifically, an addition was identified to ensure that staff will report back to IHAC on a confidential anonymous when referrals have been made, including the results of those applications.

**RECOMMENDATION: The Indigenous Health Advisory Circle (IHAC) recommends that the Board of Health approve revisions to policy 2-401, Jordan’s Principle.**

**ACTIONS: The Chair offered to attend a future staff meeting to provide an overview of this policy. Executive will pursue training opportunities for staff on Jordan’s Principle.**

6. **Date, Time, and Place of the Next Meeting**

November 23, 2022, 3:30 – 5:00 p.m., PPH

7. **Adjournment**

The meeting ended at 4:56 p.m.

**Parked Item:**

- **Anti-Indigenous Racism and Local Health Care System - *Bring forward intake questions utilized by PPH programs for review/recommendations. Will come forward to a future meeting.***