Board of Health Meeting

1230 Talbot Street, St. Thomas, ON*
410 Buller Street, Woodstock, ON*
MS Teams Electronic Participation
Thursday, August 13, 2020
3:00pm

AGENDA			
Item	**Agenda Item**	**Lead**	**Expected Outcome**
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Larry Martin	
1.2	Approval of Agenda	Larry Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Larry Martin	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Larry Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • June 4, 2020	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	**Provincial Approach to Face Coverings** July 23, 2020 - Association of Local Public Health Agencies (alPHa) *Summary: This letter, sent on behalf of alPHa and its member Medical Officers of Health, Boards of Health and Affiliate organizations, requests a clear provincial approach to support mandatory face coverings in indoor places accessed by the public during the COVID-19 pandemic.*	Cynthia St. John	Information Only
3.2	**Basic Income for Income Security during COVID-19 Pandemic and Beyond** May 20, 2020 – Simcoe Muskoka District Health Unit *Summary: This letter expresses the support for the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.*	Peter Heywood	Information Only
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
	None.		
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Walker Landfill Report	Dr. Joyce Lock Peter Heywood	Acceptance
5.2	Sharps Disposal Strategy	Josh Veilleux Peter Heywood	Acceptance
5.3	Chief Executive Officer's Report for August 2020	Cynthia St. John	Acceptance
5.4	Medical Officer of Health's Report for August 2020	Dr. Joyce Lock	Acceptance
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			

8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	Thursday, September 3, 2020	Larry Martin	Decision
10.0 ADJOURNMENT			

**please note adequate physical distancing will be maintained*

June 4, 2020

Board of Health Meeting

Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, June 4, 2020 virtually through MS Teams commencing at 3:15p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. G. Jones	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Ms. S. Talbot	Board Member
Mr. D. Warden	Board Member
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

GUESTS:

Mr. P Heywood	Program Director
Ms. M. Nusink	Director, Finance (CFO)
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services & Human Resources
Mr. D. Smith	Program Director
Ms. C. Walker	Program Director
Ms. M. Cornwell	Manager, Communications
Mr. R. Perry	Aylmer Express
Mr. G. Colgan	Woodstock Sentinel-Review

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2020-BOH-0604-1.2)
Moved by L. Baldwin-Sands
Seconded by D. Warden

That the agenda for the Southwestern Public Health Board of Health meeting for June 4, 2020 be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

1.4 Reminder that Meetings are Recorded for minute taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2020-BOH-0604-2.1A)
Moved by J. Preston
Seconded by G. Jones

That the minutes for the Southwestern Public Health Board of Health meeting for May 7, 2020 be approved.

Carried.

3.0 CONSENT AGENDA

None.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

None.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Finance and Facilities Standing Committee Report

Resolution # (2020-BOH-0604-5.1A)
Moved by D. Warden
Seconded by T. Marks

> That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to approve the first quarter financial statements for the period ending March 31, 2020.

Carried.

Resolution # (2020-BOH-0604-5.1)
Moved by D. Mayberry
Seconded by S. Talbot

> That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee Report for June 4, 2020.

Carried.

5.2 Chief Executive Officer Report

C. St. John reviewed her report.

C. St. John noted that as of this report timing, SWPH has met the reporting targets set by the Ministry of Health with respect to case and contact management.

C. St. John noted that one of our strategies within our COVID response is that of communications to vulnerable populations. SWPH was pleased to be a part of a Community of Practice group meeting. This group is a knowledge sharing group and the meeting was hosted for service providers within our catchment. The meeting was very well received by those that attended.

C. St. John noted that another strategy within our COVID response is that of farm operations who employ migrant workers. Our Environmental Health team, along with additional staff, continue to support farms with COVID-19 related issues.

C. St. John noted that our communications team along with our content table continue to support our response to COVID-19. These teams support our many partners within the community as well. We have received feedback from our partners that they greatly appreciate the support provided to them by our communications team and content table staff.

C. St. John noted that one challenge that SWPH faces is the turn around time required from the time the Ministry or Premier's office issues guidance documents or directives to when we provide feedback to our partners on the documents received. The content table has played an integral role in our response and support to our community and our community partners.

C. St. John noted that Joyce and herself have met with the obligated municipal CAOs to proactively discuss COVID-19 matters including how best to support our municipalities moving forward. Our takeaways from this meeting were very helpful and we appreciate their feedback.

C. St. John reviewed the support and assistance that the Infectious Disease (ID) Incident Command staff have focused on within our COVID-19 response. The ID Incident Command oversees the call centre. C. St. John noted that SWPH continues to review the types of calls that are received to best resource our call centre staff and to anticipate our needs moving forward.

C. St. John noted that our Planning Group is focused on the needs of our response from an organizational perspective. The Planning Group must be flexible and nimble to ensure that our COVID response is well resourced.

C. St. John noted that our Logistics staff are focused on PPE within SWPH, as well as supporting the Assessment Centres within our catchment with their needs.

L. Rowden asked if there is consistency on the guidelines that businesses must follow to operate their businesses. L. Rowden noted that he has experienced a vast scope of requirements businesses have set out. C. St. John noted that it is the requirement of the business to follow the direction of the Ministry.

L. Martin noted that the Ministry sets out guidelines and recommendations as minimum standards and that businesses can set operational procedures above and beyond the recommendations. Dr. Lock noted that there are different interpretations of the guidance and that the Ministry is issuing recommendations and not requirements.

Resolution # (2020-BOH-0604-5.2)
Moved by L. Baldwin-Sands
Seconded by D. Warden

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for June 4, 2020.
>
> Carried.

5.2 Medical Officer of Health Report

Dr. Lock noted that L. Gibbs will present data relevant to COVID-19. Our team analyzes data which influences our focus and response to the pandemic response.

L. Gibbs reviewed the current data within our region. She noted that there are some "hot spots" in our region and we are monitoring their case counts. She noted that the local lab is operating at or above capacity currently. She noted that currently we have 6 confirmed active

cases, 65 resolved cases and 4 deaths. She noted that the most common exposure of the virus is close contact of a positive case and health care workers. She noted that currently the reproduction rate of the Southwest Region is 1.1. She noted that we continue to monitor the Assessment Centre testing.

D. Mayberry asked if we have conducted enough testing to truly know the presence of the virus within our community. If so, does this encourage the reopening of businesses and operations such as the reopening of short-term rentals that was announced today by the Premier.

Dr. Lock noted that she believes we are in good shape within our region. We need to be cautious of those around us. Dr. Lock noted that the cyclical testing that has been requested by the Premier can overwhelm our testing centres and labs. Currently, we have directed all our testing to Assessment Centres. We have just been notified that primary care will be receiving additional PPE which will increase our testing capacity. Dr. Lock noted that ultimately, we do not want to overwhelm our hospital beds and ventilators. She noted that we want to mitigate the risk of infection to our vulnerable populations. Dr. Lock noted that our health system is in good shape to respond to the pandemic in its current climate.

L. Martin asked if the assessment centres are by referral. Dr. Lock noted that assessment centres are open to all, but an appointment is required.

S. Molnar asked how long the swab is good for. Dr. Lock noted that from the time the swab is taken to when it can be tested is 3 days in a refrigerator. The swab can be frozen in sub-zero temperatures which can prolong the testing timeframe. S. Molnar asked who is paying for the testing. Dr. Lock noted that the Ministry of Health is paying fully for testing.

Dr. Lock reviewed her report. SWPH is reviewing our situational awareness to make good decisions. Dr. Lock noted that the philosophy is that we are going to open as much as possible. SWPH region has room for risk. Our health system is in good shape. The Ministry has indicated that they would like to take a regional approach. SWPH is working with regional partners to explore opportunities for us to reopen areas of the region in a safe manner. Dr. Lock noted that she is concerned of the secondary consequences of the closures. Dr. Lock noted that she wants to open as much as possible during the summer months as she anticipates another closure in the fall.

Dr. Lock noted that the SWPH staff are looking at developing a culture of COVID-19 defensiveness. This would be developed to support our most vulnerable settings, Long Term Care Homes (LTCHs) and hospitals. Dr. Lock noted that being infection defensive by implementing Infection Prevention and Control (IPAC) best practices and conducting educational sessions for our vulnerable settings. We hope that this will mitigate the risks in these settings and enhance our efforts in the fall and winter months.

Dr. Lock noted that SWPH will be working with many settings that we have never worked with before. Previously, our efforts were focused on health protection and promotion, and now it is about developing a culture of COVID-19 defensiveness. Dr. Lock noted that we need to move

beyond checklists and timelines, and we need to develop a personal etiquette for each person within our community.

L. Martin asked if the regional approach is specific to SWPH region or is it Southwestern Ontario. Dr. Lock noted that we will be working with the Ministry and we suspect that some regional decisions will be left to the SWPH region.

Resolution # (2020-BOH-0604-5.2)
Moved by S. Molnar
Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for June 4, 2020.

Carried.

6.0 NEW BUSINESS/OTHER

None at this time.

7.0 TO CLOSED SESSION

Resolution # (2020-BOH-0604-C7)
Moved by L. Baldwin-Sands
Seconded by D. Warden

That the Board of Health moves to closed session in order to consider one or more the following as outlined in the Ontario Municipal Act:

(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;
(c) a proposed or pending acquisition or disposition of land by the municipality or local board;
(d) labour relations or employee negotiations;
(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:
(a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
(b) an ongoing investigation respecting the municipality, a local board or a municipally-controlled corporation by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2020-BOH-0604-C8)
Moved by J. Preston
Seconded by L. Baldwin-Sands

That the Board of Health rise with a report.

Carried.

Resolution # (2020-BOH-0604-C3.1(A))
Moved by S. Molnar
Seconded by D. Warden

That the Board of Health for Southwestern Public Health receive and file information regarding Southwestern Public Health's annual insurance renewal.

Carried.

Resolution # (2020-BOH-0604-C3.1)
Moved by L. Baldwin-Sands
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Finance and Facilities Standing Committee report for June 4, 2020

Carried.

Resolution # (2020-BOH-0604-C3.2)
Moved by L. Baldwin-Sands
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for June 4, 2020.

Carried.

Resolution # (2020-BOH-0604-C3.3(A))
Moved by J. Preston
Seconded by L. Baldwin-Sands

That the Board of Health approves the following recommendations as reported in the closed session:

- That the Board of Health approves the Chief Executive Officer's performance review for the period 2018-2020.

Carried.

Resolution # (2020-BOH-0604-C3.3(B))
Moved by L. Baldwin-Sands
Seconded by D. Warden

That the Board of Health approves the following recommendations as reported in the closed session:

- That the Board of Health approves the Medical Officer of Health's performance review for the period 2018-2020.

Carried.

Resolution # (2020-BOH-0604-C3.4)
Moved by D. Warden
Seconded by S. Molnar

That the Board of Health for Southwestern Public Health accept the Human Resource Report for June 4, 2020.

Carried.

9.0 FUTURE MEETINGS & EVENTS

It was noted that the next Board of Health meeting scheduled for July 2nd will be cancelled. A meeting for August will be called by the Chair. C. St. John noted that the meeting will include a report on the Walker Landfill.

10.0 ADJOURNMENT

Resolution # (2020-BOH-0604-10)

Moved by L. Baldwin-Sands
Seconded by S. Molnar

That the meeting adjourns at 5:07 p.m. to meet again at the call of the chair.

Carried.

Confirmed: _____

alPHa
Association of Local PUBLIC HEALTH Agencies

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

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

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

July 23, 2020

Re: Provincial Approach to Face Coverings

On behalf of the Association of Local Public Health Agencies (alPHa) and its member Medical Officers of Health, Boards of Health and Affiliate organizations, we are writing today to request a clear provincial approach to support mandatory face coverings in indoor places accessed by the public during the COVID-19 pandemic.

There is an increasing body of evidence that demonstrates that wearing face coverings reduces the amount and distance of droplet discharge from the wearer, thereby reducing the likelihood of transmission of droplet-borne disease from the wearer to others.

While physical distancing and isolating when ill remain the most effective public health interventions to minimize the transmission of COVID-19, the clearly demonstrated infectiousness of COVID-19 in the asymptomatic or presymptomatic presentations of the disease has introduced a confounding factor to our containment efforts. This is a critical consideration as the Province seeks to reopen as much of the economy as possible, with risk of transmission increasing along with the number of human interactions.

There is no disputing the value of striking a balance between controlling the spread of COVID-19 and restarting the economy, which is itself a key determinant of both physical and mental health. Face coverings have emerged as an additional public health measure that has gained significant and widespread public, political and medical support in recent months, especially as interactions with people outside of our own homes increase because of this balance.

To that end, some local medical officers of health have issued class orders for mandatory face covering in certain circumstances under Section 22 of the Health Protection and Protection Act; others have issued directions to employers, businesses and operators to require face coverings under the Emergency Management and Civil Protection Act; and several municipalities have issued similar mandates using their by-law mechanisms. At the same time, public health authorities have been clear about the purpose, namely that "my mask protects you; your mask protects me", and that masks also serve as a social reminder of COVID-19's ever-present threat to health as well as a sign of regard for the health and wellbeing of those around us.

While a regional approach may appear sensible based on local case counts and trends, we know that these numbers represent only a fraction of the actual prevalence and incidence of the virus. Given that the strongest argument in favour of face coverings is their potential for reducing transmission of COVID-19 from individuals who don't know they are infected, we would submit that a consistent, province-wide approach to mandating them and communicating their value would be preferable.

We are fully aware of the controversial nature of the discourse around requiring face coverings in Ontario and understand the need to be cautious and considerate in the development of a policy that will be widely accepted. We are more than willing to assist with this, bringing the local perspective from the various communities in Ontario to inform a comprehensive provincial approach and we hope that you will be amenable to discussing this further. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 416-595-0006 x 222.

Yours sincerely,

Carmen McGregor
alPHa President

Dr. Paul Roumeliotis, Chair,
Council of Ontario Medical
Officers of Health (COMOH)

Trudy Sachowski, Chair
Boards of Health Section

COPY: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Chief Medical Officer of Health
Dr. David McKeown, Co-Lead, Public Health Measures Table

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.

simcoe muskoka
DISTRICT HEALTH UNIT

May 20, 2020

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street
Ottawa, ON K1A 0A2

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister
Privy Council Office
Room 1000
80 Sparks Street
Ottawa, ON K1A 0A3

The Honourable Bill Morneau, P.C., M.P.
Minister of Finance
90 Elgin Street, 17th Floor
Ottawa, ON K1A 0G5

Dear Prime Minister Trudeau, Deputy Prime Minister Freeland and Minister Morneau:

Re: Basic Income for Income Security during Covid-19 Pandemic and Beyond

On behalf of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health, I am writing to convey our strong support for the evolution of the Canada Emergency Response Benefit (CERB) into a basic income for all Canadians, during the COVID-19 pandemic and beyond.

While we commend the federal government for the economic measures that have been put into place to support Canadians during this unprecedented time of the COVID-19 pandemic, we also know that many are falling through the cracks. Measures such as the CERB, the Canada Emergency Student Benefit (CESB) and the Canada Emergency Wage Subsidy (CEWS), though necessary and very important, have left many Canadians, who do not qualify for or not able to access these programs, vulnerable to household food insecurity and the negative consequences of income insecurity and poverty such as inadequate or unstable housing, and poorer mental and physical health, including chronic diseases. A basic income would address these gaps, offering support to the most vulnerable Canadians.

Before the COVID-19 pandemic, many Canadians were already experiencing household food insecurity. In 2017-18 approximately 4.4-million (1 in 8) Canadians reported being food insecure, including 1.2 million children under the age of 18.[i] As a result of COVID-19, this number is predicted to increase as many individuals are facing precarious employment, have had their hours reduced or have lost their jobs altogether. Many are relying on food banks and other charitable programs, however, this only meets the need on a temporary basis and is not a long term solution.

Examples of key Canadian initiatives that demonstrate the positive impact of basic income-like programs on health and well-being include the Old Age Security and Guaranteed Income Supplement through Canada's public pension system, the Canada Child Benefit, and the Newfoundland Poverty Reduction Strategy.

Basic income pilots for working-age adults in Canada have also led to promising findings, including the Mincome pilot in Manitoba and the recent Ontario Basic Income Pilot. The research study, *Southern Ontario's Basic Income Experience* released in March 2020, is based on Ontario's pilot. This pilot was implemented in three Ontario cities in 2018 by the provincial government, and the project was terminated in 2019 following a change in government. While the formal pilot evaluation was cancelled, this research study made use of surveys of individuals from Hamilton, Brantford and Brant County who had been enrolled in the pilot (217 individuals participated out of 1000 enrolled households), and interviews with 40 participants. Some of the key findings cited by participants in this report include improvements in physical and mental health; increased labour market participation; moving to higher paying and more secure jobs; reduced household food insecurity; housing stability; improved financial status and social relationships; less frequent visits to health practitioners and hospital emergency rooms; improved living standards; and an improved sense of self-worth and hope for a better future.

Additional evidence supporting the potential of a basic income for reducing the prevalence and severity of household food insecurity is presented in: *Implications of a Basic Income Guarantee for Household Food Insecurity*, a research paper prepared for the Northern Policy Institute based on the Ontario Basic Income Pilot.

Moving forward during and following the COVID-19 pandemic is an opportune time for the federal government to take action to evolve the CERB into a basic income. This would provide income security to all Canadians during the economic challenges of the pandemic itself, the post-pandemic recovery, and into the future. This is particularly pertinent given the dramatic shifts in the labour market in recent decades, such that full-time permanent employment is no longer the norm. The current CERB has helped demonstrate the logistical feasibility of delivering a basic income, and it could be readily evolved into an ongoing basic income for anyone who falls below a certain income floor. There is evidence of growing support for this concept, as outlined in Appendix A. The Basic Income Canada Network has outlined key features of basic income design for Canada, which we support.

The SMDHU has been a strong proponent of basic income repeatedly since 2015. This includes having sponsored a resolution at the Association of Local Public Health Agencies (alPHa) general meeting endorsing the concept of basic income and requesting the federal and provincial governments jointly consider and investigate a basic income policy option for reducing poverty and income insecurity (2015), and expressing support and input into the Ontario Basic Income Pilot (2017). SMDHU has also been encouraging advocacy for income solutions to household food insecurity through our No Money for Food is Cent$less initiative since 2017.

In keeping with this, we strongly recommend your government take swift and immediate action on the evolution of the CERB Benefit into legislation for a basic income as an effective long-term

response to the problems of income insecurity, persistent poverty and household food insecurity, as well as a response to the economic impact of the COVID-19 pandemic.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CS:cm

Encl. (1)

cc. Hon. Doug Ford, Premier of Ontario
Simcoe and Muskoka MPs and MPPs
Simcoe Muskoka Municipal Councils
Association of Local Public Health Agencies
Ontario Public Health Association
Ontario Boards of Health

Appendix A: Examples of Support for Basic Income in Response to COVID-19 and Beyond

On April 21, 2020, 50 members of Canada's Senate wrote a letter to the federal government calling for a restructuring of the CERB into a minimum basic income to "ensure greater social and economic equity", especially for those who are most vulnerable. In support of this letter, Senator McPhedran's Youth Advisory Council, the Canadian Council of Young Feminists, in collaboration with the Basic Income Canada Youth Network, sent their own letter to the federal government.

In our region, Simcoe North MP Bruce Stanton has expressed agreement that it's time to consider basic income. He is quoted as saying "Based on my reading of this, like Senator Boniface, I am persuaded that it could be very good public policy" (News Story).

The Ontario Dietitians' of Public Health (ODPH) have also written a letter to the federal government stating "We ask that you take immediate action to enact legislation for a basic income guarantee as an effective long-term response to the problem of persistent poverty and household food insecurity as well as shorter-term consequences of the economic fallout of the COVID-19 pandemic".

The Board of Health of the Kingston, Frontenac, Lennox and Addington Health Unit in Ontario also passed a motion requesting the federal government to provide a basic income support to all Canadians (News Story).

REPORT

MEETING DATE:	August 13th, 2020
SUBMITTED BY:	Peter Heywood, Program Director
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☒ Decision ☐ Discussion ☐ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2020-BOH-0813-5.1
REPORT TITLE	Response to the Draft Environmental Assessment for the Southwestern Landfill Proposed by Walker Environmental Group (WEG)

Report Highlights:

The following gaps and deficiencies were identified in the review of the Draft Environmental Assessment (EA), the Human Health Risk Assessment (HHRA), and Supplemental Health Review (SHR):

- A review of the SHR should include community members or a public steering committee to determine if the report has captured and assessed the public concerns that have been raised to date**.**
- Chemicals of potential concern (COPCs) noted in the Air Quality report were not discussed further in the HHRA, although they pose potential human health impacts. Any revisions to these technical reports following the review period will need to be reflected in the HHRA.
- References were made to Best Management Practices, Monitoring Procedures, and Contingency Plans. However, they did not explicitly state what will be done, but that these measures would be in place. The absence of these plans makes it difficult to

determine outcomes without knowing the mitigation factors. This is an item that Southwestern Public Health would like to review before any approvals are given.

MOTION: 2020-BOH-0813-5.1
That the Board of Health for Southwestern Public Health adopt the recommendations contained in Report BOH 5.1, titled "Response to the Draft Environmental Assessment for the Southwestern Landfill Proposed by WEG".

Link to Mission/Vision/Values:
Southwestern Public Health's Strategic Plan (2019-2024) intends to direct the Health Unit's work until 2024 and provide a road map for allocating resources, developing partnerships, and building an organizational structure that supports the job done. The initiative contained within this report endorses the Values and Strategic Directions as set out in the Strategic Plan, explicitly:

Strategic Direction #1: With partners and community members, reduce health and social inequities, making measurable improvements in population health.

Strategic Direction #2: Work with partners and community members to transform systems to improve population health.

Recommendation:
That the Board of Health endorse recommendations to the "Response to the Draft Environmental Assessment for Southwestern Landfill Proposed by WEG" as outlined in Report BOH – 5.1;

And further authorize the Program Director to submit Southwestern Public Health's formal reply to the WEG Group (WEG) in response to the draft Environmental Assessment and the technical studies undertaken by WEG for the proposed Southwestern Landfill site in the Township of Zorra, Oxford County.

And further, that Minister Jeff Yurek (Elgin—Middlesex—London, MPP), Ministry of Environment, Conservation and Parks staff, and Minister Ernie Hardeman (Oxford MPP) be advised of Southwestern Public Health's recommendations on the Draft Environmental Assessment.

And further, authorize Southwestern Public Health to share the findings with Oxford County Council.

Accountability
To meet the Board of Health requirement to reduce exposure to health hazards and promote healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate per the Ontario Public Health Standards, 2018.

To meet the Board of Health requirement to assess and report on the health of local populations describing the existence and impact of health inequities and identifying effective local strategies that decrease health inequities per the Health Equity Guideline, 2018 (or as current) and the Population Health Assessment and Surveillance Protocol, 2018 (or as current).

To meet the Board of Health requirement, engage in multi-sectoral collaboration with municipalities and other relevant stakeholders to decrease health inequities per the Health Equity Guideline, 2018.

The role of Public Health in the Environmental Assessment (EA) process is to act as a key informant in the stakeholder and public consultation process, evaluate methodologies and evidence presented and evaluate mitigation strategies for adverse environmental and health effects. Our involvement ensures that the assessment methods are comprehensive and that gaps identified are addressed.

Purpose/Approach

The EA process is required by the Ministry of Environment, Conservation, and Parks (MECP) as per *the Environmental Assessment Act, RSO 1990, c. E.18*. An EA is a detailed decision-making process that helps to identify and propose measures to mitigate any adverse environmental effects identified. The intent is to promote proper ecological planning and identify any potential impacts on the economic, social, cultural, and natural environment. Public health can act as a critical informant in this process to influence ultimate design, associated treatments, operational requirements, mitigation strategies, best practices, and future use while protecting the community's health and promoting positive health outcomes.

Southwestern Public Health's analysis of the Draft EA was done in consultation with the Joint Municipal Coordinating Committee (JMCC). The JMCC is a partnership among the municipalities most affected by the Southwestern Landfill proposal, including the Township of Zorra, the Town of Ingersoll, the Township of South-West Oxford and Oxford County, the regional government that comprises all eight of Oxford's area municipalities. The JMCC oversees an independent peer review team (PRT) whom Southwestern Public Health consulted as part of the review process.

In April 2013, the Acting Medical Officer of Health, at the time, Dr. Douglas Neal proposed the EA of the Southwestern Landfill (WEG) be inclusive of an in-depth Health Impact Assessment (HIA). The HIA included a comprehensive assessment of the cumulative and synergistic impacts of all factors (determinants of health & health equity) that may impact the overall health and well-being of area residents, as outlined in his report MOH 2014-01.

An HIA is a form of assessment that analyzes the potential direct and indirect health impacts of a project and explores the effects of a project on the broader determinants of health. Hence, the HIA need not be a separated or parallel process to the EA but integrated into an EA that addresses in much greater detail community health and well-being by examining key factors that determine health. In turn, this informs the decision-making process based on evidence and

provides critical input to evaluate alternatives to minimize negative and maximize positive health impacts.

On March 17th, 2016, the MECP issued the Terms of Reference – Notice of Approval. One of the conditions required WEG to carry out a screening-level review of the socio-economic assessment results to determine the potential for related health effects. To address this requirement, the Draft EA includes a Human Health Risk Assessment (HHRA) and Supplementary Health Review (SHR). The HHRA examines the overall human health risks associated with all emission sources through potential pathways, including water, air, soil, and food. The SHR predicts the social and economic effects of the Landfill could have. Any possible consequences will be reviewed through all phases of the proposed Landfill: construction, operation, closure, and post-closure.

In addition to consulting with the PRT, Southwestern Public Health reached out to Public Health Ontario (PHO) to review the EA, specifically the HHRA and the SHR. The outcomes of these consultations with the PRT and PHO and the observations of Southwestern Public Health are captured in this report. The final decision on the Southwestern Landfill proposal lies with the Ontario MECP.

Southwestern Public Health's analysis of the Draft EA is to ensure that WEG adhered to the terms and conditions as outlined in terms of Reference – Notice of Approval and to analyze the observations described in the technical study documents the HHRA and SHR.

Background/Analysis

The proposed Southwestern Landfill will be operated by WEG and is to be located on a portion of Carmeuse's landholdings at its Beachville Quarry Operations in the Township of Zorra bordered by the Town of Ingersoll and the Township of South-West Oxford region (specifically Beachville and Centerville) See Appendix A for a map of the location. Approximately 17.4 million m^3 of solid non-hazardous industrial, institutional, commercial waste and daily/intermediate cover will be deposited within a footprint of about 59 ha. The balance of the 81.6 ha site will be comprised of buffer areas for monitoring, maintenance, environmental controls, and other infrastructures.

The EA and the supporting technical studies used modeling that looked at the net environmental effects at a baseline level and how the Landfill would contribute during its various life stages (start of the operation, mid-point, and closure). This methodology of a cumulative effect's assessment (approved in the amended terms of reference) was designed to consider the net environmental impact of the proposed Landfill through a multi-source assessment and multi-stressor assessment.

The multi-source assessment considered the Landfill baseline environmental conditions and the baseline activities within the study area that contribute to the same effect. This assessment included forecasted future baseline conditions. The multi-stressor assessment considered the possibility of different effects acting together. The EA criteria found in the assessment were designed to describe multi-stressor effects (e.g., loss/disruption of recreational resources).

Common receptor points were selected by the technical experts so that the potential overlapping or cumulative effects of the proposed Landfill could be assessed consistently through all supporting technical studies. Most meta-analysis referenced several published studies that have been accepted by regulatory agencies across Canada and the United States. If insufficient data was found from Canadian studies, the US sources, and in some cases, European sources were used to supplement the information gap.

In situations where reference concentration levels for a specific chemical were not available, reference data were drawn from other areas of similar geographical makeup. For example, in the air quality assessment, background annual average concentrations of volatile organic compounds (VOCs) were obtained from provincial monitoring stations in a similar geographical and land use area. Projected chemical concentrations values for leachate, landfill gas, and well water samples were derived from WEG operation in the Niagara Region.

Client/Community Focused Feedback
WEG is hosting several virtual public consultation events in the form of an Online Open House to engage with community members on the Southwestern Landfill Draft EA.

A copy of this report will be posted on Southwestern Public Health's website for the public's consumption.

Budget Impacts/Monitoring
There are no financial implications beyond what was already approved by the Board of Health in the 2020 operating budget.

Evidence/Data
To formulate the response, Public Health staff reviewed the Draft EA and the technical impact studies, as these technical studies relate directly to health determinants.

Appendix F-1: Agricultural Assessment
Appendix F-2: Air Quality Assessment
Appendix F-3: Greenhouse Gas Emissions Assessment
Appendix F-9: Traffic Assessment
Appendix F-10: Groundwater Assessment
Appendix F-11: Surface Water Assessment
Appendix F-12: Land Use Assessment
Appendix F-13: Noise/Vibration Assessment
Appendix H: Enhanced Waste Diversion Assessment

Findings

Environmental Assessment Report

The EA report includes a detailed and comprehensive rationale for decisions made in terms of why this location was chosen, the final size and design layout, and the specific treatment options for the leachate and landfill gas. This was done by outlining each method's pros and cons and choosing a plan that WEG believed would have the least negative consequences on the environment.

The proposed Landfill will only accept solid, non-hazardous waste up to 850,000 tonnes per year and 250,000 tonnes per year of soil cover. The expected lifespan of Landfill is approximately 20 years commencing in 2023.

The universal double liner design ensures that leachate generated from the Landfill will be contained on-site, preventing its movement to off-site surface and groundwater. Regulatory requirements and design details of the generic double liner system are provided in the Sections 6.4.1.2 and 7.2.1.7 of the Draft EA Main Report.

An air quality monitoring program has been proposed to include tracking of strong odours noted at the site. The program will document, address, and investigate all odour complaints to determine the source and prevent/minimize future off-site odour impacts**.**

To mitigate predicted odour exceedances for residences west of the site, the aeration and balancing ponds for leachate treatment ponds will incorporate floating covers (or equivalent surface area reductions/control technology) to reduce exposed surface area to at least 60% so that odour emissions will meet government guidelines at all residential locations, except for the closest neighbour where odours may exceed the guideline 0.9% of the time.

Overall, mitigation measures were included in the report; however, the details surrounding the contingency plans were not included. The specific information will be developed and presented in the associated Design and Operations Report to be submitted as part of the applications for Environmental Approvals under the *Environmental Protection Act*. Also, *Ontario Regulation 232/98 and the Landfill Standards* specifically outline the details for contingency plans related to leachate impacts on groundwater or surface water, subsurface landfill gas migration, atmospheric landfill gas emissions, and financial assurances.

Table 1: Environmental Assessment Report

Assessment Findings	Additional Consideration for WEG
Table 7-5: Support for the Waste-Free Ontario Action Items in the main EA report notes that WEG intends to support the relevant actions in the provincial Waste-free Ontario Strategy (2017), in conjunction	WEG will only support the activities outlined in Ontario's Waste-free Ontario Strategy if asked by the Province. To meet the goals outlined in the Waste-free Ontario Strategy, Southwestern Public Health recommends that WEG be proactive in

with the approval of the proposed Southwestern Landfill. The strategy outlines how the Province will build a system that puts valuable materials destined for Landfill back into the economy.	supporting Ontario's Waste-Free Ontario Strategy.
The generic double liner design ensures that leachate generated from the Landfill will be contained on-site, preventing its movement to off-site surface and groundwater.	Since the generic double liner system has been designed and approved by the Ministry of Environment, Conservation and Parks (MECP), the MECP may be able to provide further evidence of its durability and safety record in other Landfill developments. Discussion with the PRT expert for the groundwater study noted that a typical contaminating life span (CLS) of the Generic Double Liner System (Landfill Standards, 2012), is 360 years.
The odour assessment concludes that exceedance at this location will be further reduced with the following mitigation measures: minimizing the size of the active face of the proposed Landfill and daily covering of the active face.	Since there is a potential for odour impacts beyond the site boundaries, it may be useful for the EA to provide evidence of the efficacy of the proposed odour mitigation measures from other Landfill developments.
Since the Groundwater and Surface Water Assessments concluded that there would be no Landfill related impacts beyond the site boundaries, the human health risk assessment (HHRA) only considered chemicals of potential concern identified in the Air Quality Assessment. Chemicals of potential concern (COPCs) identified in the Air Quality Assessment included: • Vehicle tailpipe emissions - toluene, formaldehyde, benzene, sulphur dioxide (SO2), carbon monoxide (CO), nitrogen dioxide (NO2), particulate matter (TSP, PM10, and PM2.5), and benzo(a)pyrene (BaP). • Fugitive landfill gas emissions –VOCs and sulphur	COPCs included in the HHRA are based on the technical assessments from the Air Quality report. Chemicals that were determined to come from background sources were not discussed further in the HHRA or the SHR, although they pose potential human health impacts. Revisions to these technical reports following the review period will need to be reflected in the HHRA.

• Fugitive particulate from Landfill construction and cover activities – particulate matter (TSP, PM10, PM2.5, and dustfall) • Combustion by-products from landfill gas flaring activities – CO, formaldehyde, nitrous oxide (NOX), NO2, SO2, speciated VOCs, and particulate matter (TSP, PM10, and PM2.5)	
Throughout the document, references were made to Best Management Practices, Monitoring Procedures, and Contingency Plans. However, they did not explicitly state what will be done.	The absence of these plans makes it difficult to determine outcomes without knowing the mitigation factors. Southwestern Public Health recommends that the draft EA includes high-level details of these plans. It is recognized that some of these plans will be outlined in the Environmental Compliance Approval documents.
The interconnectivity matrix's primary purpose was to ensure that all the technical assessments would connect where the disciplines overlap.	There were many examples where this did not occur. Southwestern Public Health recommends that WEG's interconnectivity matrix to evaluate and coordinate the various technical reports is applied as intended.

Human Health Risk Assessment Report

As there are many different routes of exposure, chemicals, and possible chemical interactions, an HHRA framework ensures a comprehensive overview. Through a quantitative study, predictions on an individual's potential exposure to specific compounds in the environment and the potential risks were assessed. Factors such as the chemical concentration, the route of exposure, and the toxicity of the chemical helped determine if there would be an unacceptable risk.

A weakness associated with the methodology of an HHRA is the uncertainty analysis. Assumptions made during the risk assessment process can result in uncertainty in the overall conclusions. Therefore, to correct that, overestimated exposures were used to handle the uncertainties. Many of the scenarios used in the HHRA and supporting technical assessments were done under "the worst-case scenario" conditions and, therefore, overpredict the actual exposure.

Overall, the results of the HHRA indicated that none of the emissions arising from either the proposed Landfill related vehicle traffic on the associated haul routes are expected to result in

any unacceptable health risks to the surrounding community. Furthermore, none of the emissions provide a significant contribution to short- or long-term cumulative air or soil concentrations in the Study Area. In most cases, predicted emissions from the Landfill in all stages of its lifespan were orders of magnitude below their corresponding regulatory health-based air quality benchmarks.

Table 2: Human Health Risk Assessment Report (HHRA)

Assessment Findings	Additional Consideration for WEG
In the Air Quality Report Part 1, Page 29, states that there were exceedance background levels for chloroform under existing conditions. This was also noted in the EA; however, there was no reference to the exceedance background levels for chloroform in the Human Health Risk Assessment Report.	The reader may be confused by this information being absent from the HHRA. If it is not an issue, from a human health perspective, the report should indicate so.
The use of common receptors outlined in the EA was not used consistently throughout the HHRA report. Specific receptors (residential and non-residential) were omitted from some analyses, and there was no explanation for why.	Southwestern Public Health recommends that the use of common receptors is used consistently throughout the document, or explanatory notes are required to explain why the receptors were left out.
Operation Upset scenarios Section 3.5.1 (where the facility malfunctions or does not work as intended) was not quantitatively evaluated.	Southwestern Public Health recommends that WEG confirms this will be addressed in the Environmental Compliance Approval application. This is an item that Southwestern Public Health would like to review before any approvals are given.

Supplementary Health Review

The purpose of the Supplemental Health Review (SHR) is to evaluate potential positive and negative impacts based on the data and information collected from the other technical assessments and to compare on how the health and well being of the communities surrounding the proposed Landfill will be affected from a social and economic lens, therefore supplementing the findings of the HHRA.

The methodology employed in the SHR is to develop a baseline community health profile and then assess and characterize the likelihood of health impacts based on literature or technical studies of the EA. The specific health determinants looked at included air, dust, water (ground

and surface), soil, neighbourhood aesthetics, neighbourhood aesthetics, noise, pests, traffic, economic, social, cultural heritage, and the built environment.

Overall, the SHR assessed the determinants of health and classified them as either positive, neutral, or neutral-negative for potential health consequences:

"Positive" for health consequence:
•economic (employment and municipal revenues)

"**Neutral"** for potential health consequence:
•air emissions
•water quality (chemical exposures and recreational use)
•soil quality (chemical exposures and recreational use)
•pests (vermin and wildlife)
•economic (property values)
•social impacts (recreational access and enjoyment)
•particulate matter
•noise
•neighbourhood aesthetics (visual impact)
•traffic (emissions and pedestrian safety)
•cultural heritage
•built environment

"N**eutral – negative"** for health consequence:
•social impacts (perception of hazards including socio-psychological effects)

This social impact determinant has the potential to be negative. The Landfill's presence may result in increased stress stemming from decreased satisfaction with the community and reduced sense of health, safety, and well-being. As a result, the SHR recommends keeping the community informed of activities and environmental performance.

Additional recommendations made by the SHR included:

- Ensuring that compliance monitoring is conducted, and results are shared with the community;
- Tracking of odour-related complaints and actions are taken to mitigate odour impacts;
- Offering property value protection agreements to properties within 500 m of the Landfill;
- Implementation of mitigation strategies for pedestrian safety,
- Implementing local hiring and procurement policies for Landfill maintenance and operation; and
- Keeping the MOH apprised of reports and communications related to the Landfill and inviting the MOH to attend the public liaison committee meetings.

Like the HHRA, the SHR was subject to the uncertainty analysis as well. As the SHR relied on data and information from the technical studies, this assessment is subject to the same uncertainties, limitations, and assumptions within those reports.

Table 3: Supplementary Health Review

Assessment Findings	Additional Consideration for WEG
Data regarding demographics was stated to only be available for the Township of Zorra, mostly rural. Therefore, there may be differences in health status between rural and urban populations.	It is recommended that demographics are included for urban areas that will be affected, such as the Town of Ingersoll, and include the Township of South-West Oxford (specifically Beachville and Centerville) as they were not considered in this technical assessment, but were represented in all of the other technical assessments.

Social Assessment

The Social Assessment technical report provided an overall synopsis of the current baseline social environment that would affect individuals near the site vicinity and broader area. Questionnaires, surveys, and research data were used quantitatively and qualitatively to describe existing conditions and identify the effects (both beneficial and adverse) associated with social environment changes.

The following table formulated by WEG provides a summary of the criteria, which focus on this assessment and the overall outcome.

Table 4: Overall Outcomes of the Social Assessment as Presented by WEG

Criterion	Positive	Negative	Neutral	N/A
Displacement of Residents from Home				X
Disruption to use and Enjoyment of Residential Properties		X		
Disruption to Use and Enjoyment of Public Facilities and Institutions	X		X	
Nuisance Associated with Vermin			X	
Effects on Land Resources, Traditional Activities or Other Interest of Aboriginal Communities	X		X	
Changes to Community Character/Cohesion	X	X		
Loss/Disruption of Recreational Resources		X		

The Social Assessment Report recommended the following mitigation measures to prevent and reduce the identified adverse effects of the Landfill:

- Develop and offer a compensation package to accommodate multiple adverse nuisance effects at the nearest household to the proposed Landfill site.
- Implement a property value protection program for properties within 500 m of the Landfill.
- Develop and implement an off-site litter collection program within 500 m of the Landfill
- Develop and implement a plan for reducing available food waste at the landfill site by applying best management practices.

- Develop and implement a program to reduce and eliminate the availability of standing water that includes industry best practices.
- Evaluate the need for signage along the primary haul route if operational issues are observed, or the new trails have been established during the Landfill operational period.

Additionally, key impact management measures to address social effects were also suggested and included the following:

- Establish formal protocols to demonstrate to regulators, community leaders and members of the public and Indigenous community leaders its full compliance with all Landfill design and operational measures and its mitigation commitments aimed at avoiding or minimizing the physical disturbances of the Project (i.e., odour, noise, particulate matter, dustfall), effects on the traffic network, visual intrusion and impacts of the Landfill operations on groundwater and surface water resources.
- WEG to continue their corporate sponsorship and donations program for the Southwestern Landfill Project in alignment with the goals, objectives, needs, and priorities of study area municipalities, community groups, Indigenous communities, and other organizations.
- Establishing a host municipality fund providing annual per-tonne payments to the host municipality.
- Create and engage with a Southwestern Landfill Public Liaison Committee (PLC).
- Implement an ongoing program for Indigenous engagement throughout the Project's lifetime, such as establishing an Indigenous Liaison Committee.
- Develop and perform a complaint reporting and resolution procedure to allow for the resolution of complaints. All complaints received are recorded, investigated, and tracked by WEG and reported publicly (subject to privacy or confidentiality provisions).
- Provide regular community updates during the construction, operation, and closure of the proposed Landfill, over-and-above its regulatory reporting requirements, to convey information about the site in a more regular, transparent, and user-friendly style. WEG should seek advice from its PLC and Indigenous Liaisons committee on issues of interest to the community, and the most effective means of disseminating information and undertaking communications.

These recommendations outlined in the report align with those mentioned in the SHR Report. Also, WEG is designing and implementing a follow-up study to be conducted within five years of the commencement of landfill operations to examine potential changes in public attitudes attributable to the Southwestern Landfill Project.

Similar to HHRA and SHR, the social assessment was completed in collaboration with data collection, and analyses were undertaken by other disciplines (air, quality, noise, ecology, etc.). Therefore, this assessment is subject to the same uncertainties, limitations, and assumptions within those reports.

Table 5: Social Assessment Report

Assessment Findings	Additional Consideration for WEG
WEG referenced that housing prices are increasing in the area. It has been recommended that a property value protection agreement be offered to the nearest neighbours whose properties within 500m of the Landfill.	Evidence shows that housing near a large landfill facility may harm the market value of their house. One study concluded that landfills have a negative impact of 5.5-7.3% of market value depending on the distance to the landfill[1]. Therefore, those near the Landfill may have an economic disadvantage due to their proximity to the Landfill. One report shows that property values can be depressed for up to 3 kilometres from a landfill[2]. Southwestern Public Health recommends that WEG extend the property value protection to all those who would experience a decrease in property value as a direct result of the Landfill, of up to 3 kilometres from the Landfill.
WEG indicated that they would do a follow-up study to see if there are any social-psychological changes after the Project's commencement.	How close a resident is to industrial activity increases the positive association between neighborhood disorder, feelings of personal powerlessness, and psychological distress. The perception of this distress varies according to income and minority status. Further assessment is required to consider the mental health impacts of living near industrial facilities, including landfills[4]. It is unclear if WEG is committed to implementing mitigation and contingency plans to lessen the impact of adverse outcomes identified (if any).
WEG indicated that the Landfill is positive for local income and provides new employment opportunities, Oxford County.	Oxford Workforce Development Partnership reported 3000 vacant employment opportunities exist in Oxford County as of January 2020[3]. One of the primary barriers to workforce attraction is a lack of housing options (e.g., size, type, and tenure). There are no housing options for people moving into the region. It is essential to consider that the economic gains may not be as

	significant for a community with such high pre-existing employment opportunities.

Air Quality

The air quality assessment included five study areas: odour, landfill gas, dust, haul route, and blowing litter. Effects were measured against air criteria outlined in the following documents: Ontario Regulation 419 Standards and Guidelines, Ambient Air Quality Criteria, Canadian Air Quality Objectives (CAAQS), and MECP Guidance Documents (Odour).

Air emissions data were sourced from a combination of model estimates, air emissions reports (for the existing Carmeuse facilities), landfill gas study, and traffic data. Background ambient air quality data were sourced from a one-year ambient air quality monitoring program, MECP Air Quality in Ontario reports for 2014, 2015, and 2016 and through the Environment and Climate Change Canada's National Air Pollution Surveillance (NAPS) ambient monitoring database.

The final study assessment areas include the main haul route extending from Hwy 401 to the site entrance located approximately 4.5 kilometers West on 37th line (County Road 6), the existing Carmeuse operations and future quarry site, and the Landfill operations area.

Emission sources considered in the assessment included: tailpipe emissions from the proposed Landfill haul route traffic and on-site roadways, the Carmeuse process kilns, Carmeuse haul route traffic, and on-site roadways, the landfill gas flare, the leachate treatment system, fugitive emissions from the Landfill mound, and background traffic from County Road 6.

The dust section of the study noted that the maximum predicted concentrations of total suspended particulate matter (TSP), PM_{10} and $PM_{2.5}$ exceeded the applicable criteria at a residential receptor off-site during various stages of the Landfill development and operations. Section 10.1.4 of the dust study provides additional details of these exceedances**.**

To minimize the impact of exceedances noted in the dust study, the following have been recommended:

- Monitoring and contingency plans including the monitoring of weather forecasts;
- Tracking of visible dust sources, documentation, and investigation of dust complaints and handling dusty materials in sheltered locations.

With the addition of mitigation measures, the landfill gas and haul route studies conclude that the maximum predicted Landfill contributions were below their criteria. Future sources of emissions are dominated by contributions from existing traffic along County Road 6.

Table 6: Air Quality Assessment

Assessment Findings	Additional Consideration for WEG
The results from the odour study were based on the existing Niagara East Landfill location.	The odour study assumes that there are no background landfill-related odours and notes that agricultural odours may be related. Yet the odour study does not include odours from farming activities as local background sources. Based on the methodology outlined in the cumulative effects' assessment, the incorporation of similar odours would contribute to the multi-stressor evaluation.
The use of common receptors outlined in the EA was not consistent through the Air Quality report. Specific receptors (ecological) were omitted from some of the analyses. However, residential receptors were also left out with no explanation.	Southwestern Public Health recommends that the use of common receptors be used consistently throughout the document, or explanatory notes are added to explain why the receptors were left out.
In the Criteria and Indicators of the study, it was stated, "... *dustfall impacts were not included within the scope of the ambient monitoring assessment; however, dustfall from particulate deposition was predicted in the dispersion modelling portion of the study.*"	SWPH has received numerous dust complaints over the past several years and has been doing air quality assessments for the last eight years. Even though the results from the studies for $PM_{2.5}$ and PM_{10} were below the regulatory benchmark for health concerns, the report should have included conditions of issues in the past.
Some chemical parameters (e.g., chloroform, benzo(a)pyrene) exceed air quality criteria under existing conditions (as reported in the Ambient Air Quality Monitoring and Air Emissions reports).	While these are not from Landfill operations, it would be useful to see a discussion regarding where these emissions originate and the potential effects of these chemicals in the HHRA or the SHR.

<u>Traffic Assessment Report</u>

The traffic assessment considered the following criteria: potential for traffic collisions and disruption to local traffic. The study area was based on the preferred haul route: access from highway 401 via County Road 6, north on County Road 6, and onto private site access roads into Landfill. The EA estimated that 95% of traffic generated by Landfill would be on this route.

The assessment expects that vehicle traffic will average approximately 210 trips per day. Around 193 trips/day will be for trucks, including construction, soil, and waste import, and the remaining will be cars for staff. Traffic projections were estimated based on existing traffic

volumes, annual traffic growth rates, future baseline land use, trip generation, and distribution patterns for the proposed Landfill.

The assessment concluded that the net effects were minor for traffic collisions in the study area and disruption to local traffic networks. It was also noted that there was public concern about the capacity to accommodate additional traffic at the rest stop east of highway 401 and County Road 6. However, following a meeting with WEG and the Ministry of Transportation in May 2017, analysis of additional truck traffic and safety performance concluded that the capacity at this rest stop was sufficient.

The assessment recommends the following mitigation measures for safety:

- Signage for the new private access road to Landfill.
- The proposed access road should have sufficient queue space for inbound trucks to prevent queuing on County Road 6.
- The second northbound lane should be extended north of the Landfill to accommodate left turns.
- Periodic road inspections for pavement quality should be conducted on the primary haul route before and during Landfill operation.

Table 7: Traffic Assessment Report

Assessment Findings	Additional Consideration for WEG
The traffic report used traffic counts between 2017 and 2018.	In a discussion with the JMCCs PRT expert, the overall growth in Ingersoll and the Woodstock areas did not appear to reflect the growth rate used in the traffic report. The report fails to incorporate the overall increase in Ingersoll and the Woodstock area. Also, the report did not consider the expected growth in the Village of Embro or review seasonal conditions or traffic generated from special events.
Section 9.7 of this report indicates that none of the existing Emergency Detour Routes (EDRs) for the 401 falls within the study area or include County Road # 6 (North of the Highway).	All the EDRs are currently south of County Road #6. Therefore, who will monitor trucks going to the Landfill following the EDRs and not using Karn Road, Clarke Road, Dundas (Hwy 2), or even Beachville Road to get to the site. This should have been considered in the study and how it will affect the local roads mentioned above.
The report refers to a concern brought up by the public regarding Highway 401 operations between the County Road 6	This exit ramp is very short (less than 0.50 km), and the rest stop is referred to as the Ingersoll rest stop. It is unclear if this is an

interchange and the rest stop to the east of the junction. In the report, they refer to the rest stop as the Woodstock OnRoute exit ramp. A concern brought forward is that there is not enough room for merging from the rest stop onto the 401 highway and Exit 222 as they share a similar lane. This was brought forward to the Ministry of Transportation, who indicated there was sufficient room for the additional truck traffic.	error or not. Through discussion with the JMCC PRT traffic expert, it is recommended that a technical analysis be shared with a traffic expert for further review.
WEG provided the land trip generation and traffic patterns for the proposed Landfill based on the existing Landfill site in Niagara.	No details were specified on how the number of trips was determined (e.g., is the Niagara Landfill comparable in size, what is the amount of waste accepted per year, how many employees work on-site). This information would be helpful to know if the data obtained are comparable.

Groundwater Assessment and Surface Water Report

Many properties close to the proposed Landfill site rely on groundwater for their primary water supply. In 2018, four background sampling events of 20 monitoring wells within the vicinity of the proposed Landfill took place. Also, a domestic well monitoring initiative was conducted at nearby residences that opted into this program. Groundwater samples were analyzed for major anions and cations, dissolved organic carbon, dissolved metals, and volatile organic compounds (VOCs). Results of the groundwater quality sampling are summarized in Section 9.2.1.6 of the Groundwater Assessment.

The groundwater assessment concluded that since the Landfill design incorporates the use of the generic double liner system, no impacts beyond the site boundaries are expected on groundwater quality. Also, monitoring of groundwater will ensure the generic double liner system's performance, and if necessary, contingency measures can be implemented.

The contingency plan for groundwater protection, if monitoring ever identified unexpected leachate escape through the liner system includes the following possible measures:

- Leachate purge wells to pump and remove leachate from the Landfill for treatment.
- Use the quarry floor underdrain system to create an inward groundwater flow to capture contaminated groundwater before its movement off-site.
- Use groundwater purge wells to collect groundwater and leachate that may migrate below the liner before its movement off-site.

The surface water assessment showed the baseline surface water quality monitoring completed in 2017 to 2018. It also identified that surface water in the site area has been given a grade of "D" – poor quality by the Upper Thames River Conservation Authority. Sampling was conducted at 8 locations within the sub-catchment of the Patterson-Robbins Drain and Thames River. Neither of these surface bodies of water is used as a source of drinking water.

Baseline surface water samples showed exceedances of fluoride, nitrite, and total phosphorus and were identified as standard in agricultural run-off. Also, chloride and nitrite exceedances were identified in Appendix C – Baseline Surface Water Monitoring Report. Baseline highlights are represented below.

- Fluoride exceeded the Canadian Council of Ministers of the Environment (CCME) protection of long-term aquatic guidelines but was below the Ontario Drinking Water Quality Standards (ODWQS) of 1.5 mg/L.
- Chloride and total phosphorus exceeded the CCME protection of aquatic life guidelines. Concentrations of total phosphorus were also above the Provincial Water Quality Objective (PWQO), which is based on preventing excessive algae growth. There are no associated ODWQS for these chemicals.
- Nitrate and nitrite were above the applicable ODWQS individually and combined.

Under Ontario Regulation 232/98, WEG is required to demonstrate that the Landfill is performing as designed. To meet this requirement, WEG has proposed monitoring surface water within the stormwater management ponds, the leachate treatment plant, and at three off-site locations within the Patterson-Robbins drain and Thames River.

Leachate collected from the liner system will be treated at an on-site treatment plant, and clean effluent will be discharged into the Patterson-Robbins drain. Clean precipitation that comes in contact with Landfill waste will be segregated and treated in the stormwater management ponds before discharge from the site.

Based on the above mitigation factors, it is proposed that there would be no additional contributions of chemicals from the Landfill to surface water.

Table 8: Groundwater and Surface Water Assessment Reports

Assessment Findings	Additional Consideration for WEG
A total of 62 properties were included in a survey to obtain information on the domestic wells that service it.	There were only seven (7) participants out of the sixty-two (62) residential wells respondents, a small sample size. Based on the results found in appendix G of the Groundwater Assessment Report, the survey focused more on what the well was used for and the quantity of water, not the quality of water.

	As a potential mitigation factor, WEG noted that domestic well owners who initially participated in the well survey would be eligible for a long-term groundwater monitoring plan. It is recommended that this be opened to other drinking water system owners that did not initially participate.
Section 8.1.2.2 of the Groundwater report states that the proposed Landfill is in a Significant Groundwater Recharge Area (SGRA) and the Highly Vulnerable Aquifer (HVAs). However, since the quarry uses a dewatering process that prevents any recharge from occurring and the mapping data used initially to classify the area is no longer applicable, these designations should not be considered.	The Upper Thames Conservation Drinking Water Source Protection Maps were reviewed and had an SGRA vulnerability score of 6. The whole area is in an HVA[5]. A discussion was held with the JMCC PRT technical expert, and both the JMCC PRT and SWPH agreed that the proposed Landfill is within the SGRA and HVA. However, as the quarry floor is currently being dewatered, it helps manage groundwater protection. If the dewatering process stops, how will the groundwater be protected if they are in SGRA and HVA areas?
Background groundwater sampling was only compared relative to other monitoring wells in the area of the proposed Landfill.	A comparison of monitoring wells to applicable provincial groundwater criteria would be useful in characterizing the groundwater quality in the area and could be used in notifying properties that rely on groundwater as their primary water supply about general groundwater conditions in the area.

<u>Noise Assessment Report</u>

The potential effects of noise from the Landfill operations are anticipated to comply with the landfilling guideline limit during all stages of landfilling operations.

The use of impulsive pest control devices (i.e., shotgun) will be utilized when complying with impulsive noise guideline limits. When predicted to exceed these guidelines, alternative pest control methods (i.e., falconry) have been proposed.

Potential noise from Landfill related traffic is expected to be minimal compared to baseline traffic volumes (which have been identified as the dominant source for existing and future noise).

The cumulative change in noise for existing conditions was "insignificant (defined as a sound level increase between 1 and 3 dBA)" apart from the southwestern section of Landfill during Stage 3 operations. As a mitigation measure, a barrier or berm is proposed to be built along the western boundary of the Landfill to block sound during Landfill stage 3 operations.

Risk/Concerns

The EA and all supporting studies conclude that with the proper controls, mitigation factors, and contingency plans, the Landfill can operate in a safe and environmentally acceptable manner. While SWPH agrees with that statement, there were some questions and concerns that were identified.

The EA and supporting technical studies based some of their conclusions on the Southwestern Landfill on modelling data and observations gathered from their experience at their Niagara facilities. Therefore, the following questions arose:

1. Do the Niagara facility locations accept the same type of waste?
2. Does the surrounding area around the Niagara locations have similar geography, groundwater aquifers vulnerabilities, residential distribution, existing traffic volume?
3. Does the Niagara location have a haul route with the same amount of existing traffic going through the area (approximately 9000 vehicles per day)?

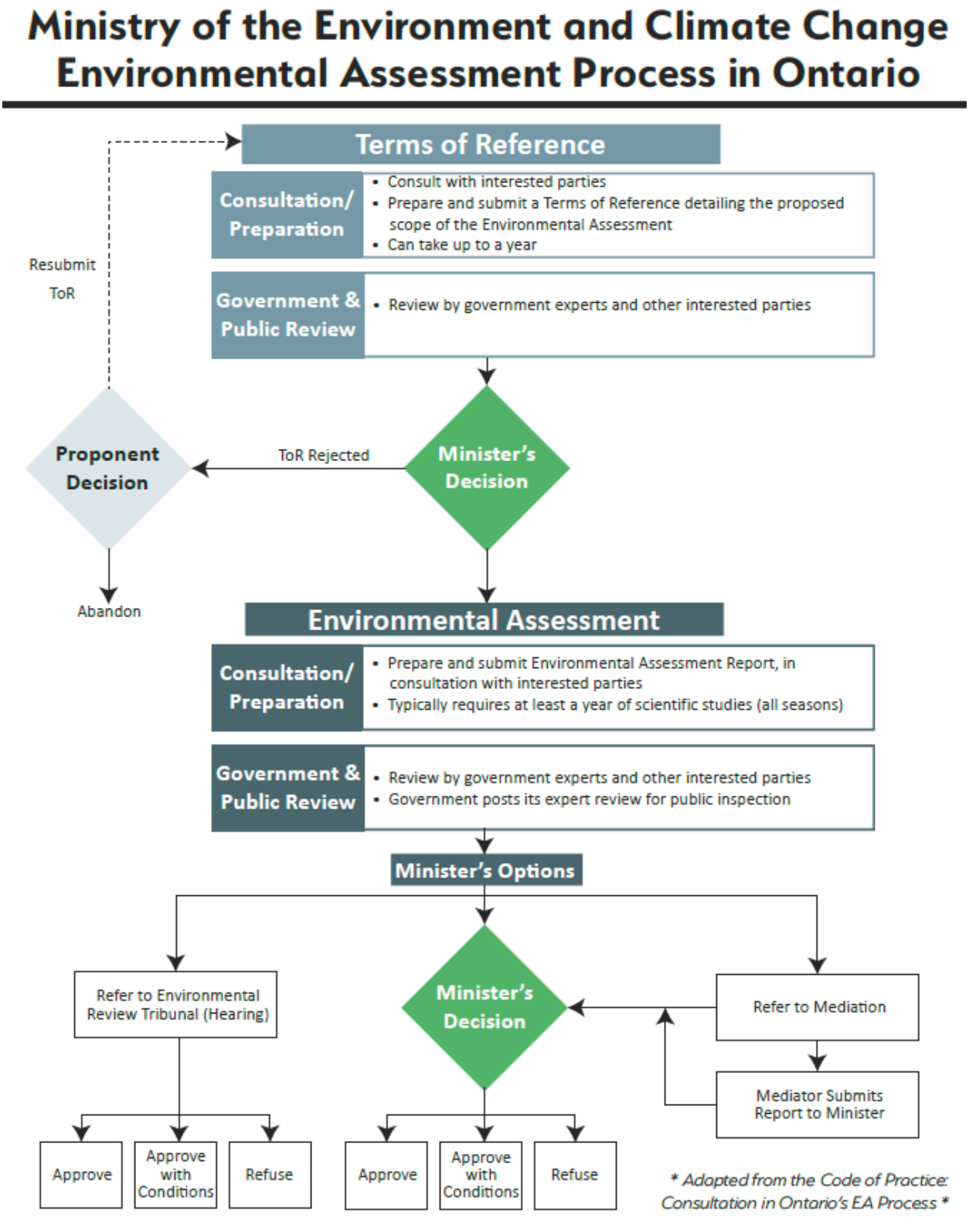
Any differences between the two locations have the potential to have different results, that in fairness, could be either negative or positive.

Many of the technical studies suggested recommendations for monitoring and best management practices. It was unclear in the EA if WEG is accepting all the proposals or not.

Next Steps

Southwestern Public Health will submit comments to the WEG Group Inc. for their review and consideration. Moving forward, the WEG Group will be formally submitting its Draft EA to the MECP for their formal evaluation. As part of that process, the EA will be posted on the EBR for public consultation. Figure 1 outlines the EA process in Ontario.

Figure 1: Environmental Assessment Approval Process



Conclusion

As noted in our findings, there are gaps identified that Southwestern Public Health would like addressed by WEG, before any approval being given. In the coming weeks, we will continue to consult with the PRT, and the WEG Group to discuss our findings during this consultation period.

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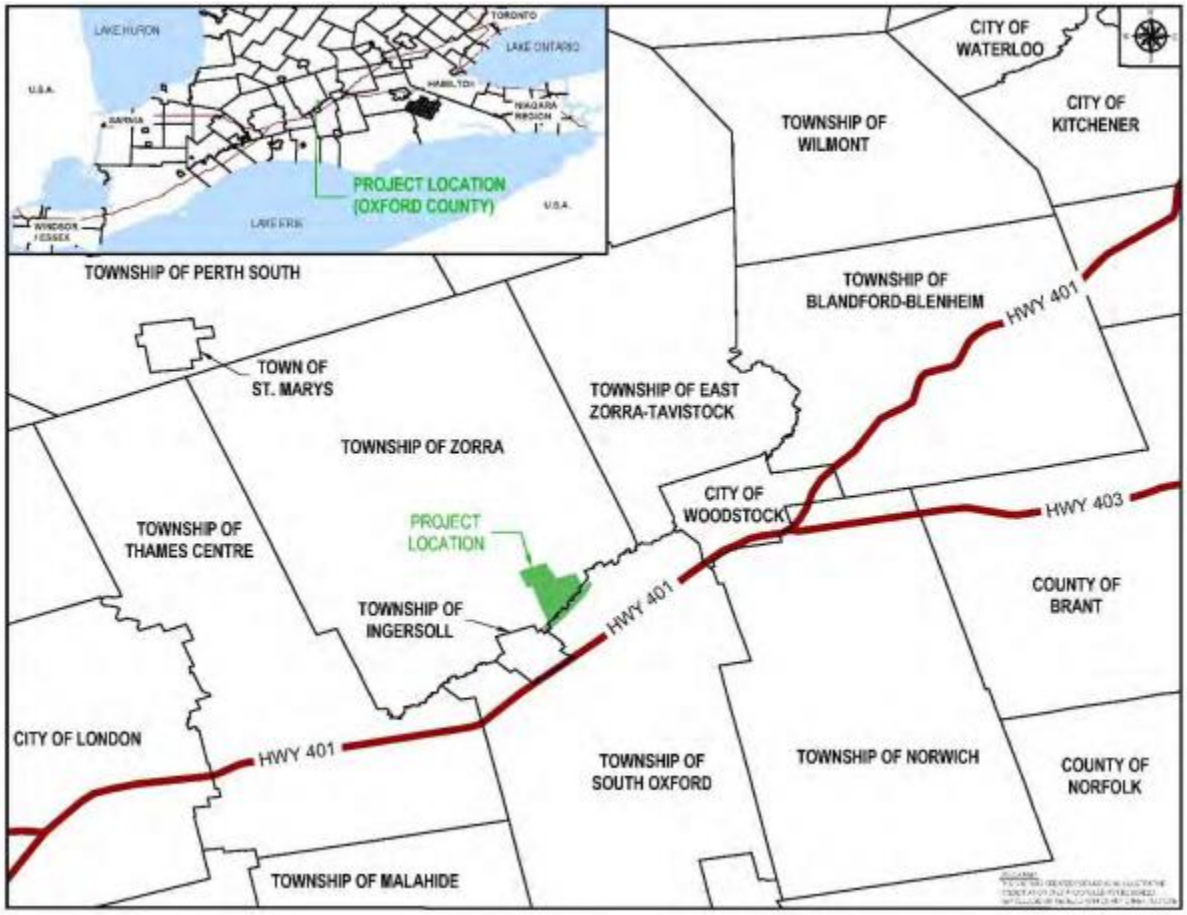
Appendix A

Proposed location of Landfill



REPORT

MEETING DATE:	August 13, 2020
SUBMITTED BY:	Peter Heywood, Program Director
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☒ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2020-BOH-0813-5.2
REPORT TITLE	Sharps Disposal Strategy Update

Report Highlight:

- Improper disposal of community sharps may pose a risk to the public. These health risks can include needlestick injuries, the spread of disease, and further stigmatizing people who use drugs.
- Public Health has recently collected data on sharps disposal preferences, locations of improper disposal and collaborative tactics with the community to improve proper disposal rates.
- Public health will now coordinate with key stakeholders to implement a sharps disposal strategy by the end of 2020 in response to the increasing number of sharps found in the community.
- Public Health aims to pilot the strategy first in the City of St. Thomas and the City of Woodstock. After this pilot is evaluated, SWPH will consider expansion to other municipalities.

MOTION: 2020-BOH-0813-5.2
That the Board of Health for Southwestern Public Health accept the Sharps Disposal Strategy Presentation as presented.

Accountability

To meet the Board of Health Ontario Public Health Standard's requirement to reduce the burden of preventable injuries and substance use in accordance with the *Substance Use Prevention and Harm Reduction Guideline, 2018.*[1]

Background

In September 2019, the Board of Health accepted the Sharps Disposal Strategy Framework report. This report outlined the following deliverables:

- A targeted community consultation involving persons with lived experiences, local businesses, community members, municipalities, health agencies, and other stakeholders to determine the current situation, what is making the situation better or worse, and what actions can be taken to address the situation.
- Creation of a sharps disposal strategy based on community engagement results and the best available evidence regarding models for peer-delivered harm reduction and recovery support services.
- Community education about the sharps disposal strategy.
- Ongoing evaluation of the strategy facilitated the development of a reporting mechanism for municipalities and the public to provide data regarding improperly discarded sharps for continuous heat mapping and future resource allocation.

Budget Impacts

There are no financial implications beyond what as already been approved by the Board of Health in the 2020 operating budget. A voluntary cost-sharing model will be explored and will be based on what municipalities think would best suit their community needs. The costs associated with this strategy include the acquisition and management of sharps bins, employment of people with lived experience, and a public health education campaign.

Southwestern Public Health would enter a cost sharing arrangement with the pilot communities under this model. Table 1 below depicts the estimated monthly costs associated with this model.

Table 1: Estimated Start-up and Operating Expenses for Both Pilot Cities Combined

Item	Quantity	Start-up Expenses (Equipment, Delivery, & Installation)	Monthly Operating Expenses (Servicing of bins 2x a month)
Sharps bins	4 x 68L Bin 10 x 4L Bin	$11,000.00	$6,200.00
Recruitment of people with lived experience	3 People	Not Applicable	$800
Harm Reduction Education Campaign	Not Applicable	$4,000	Not Applicable

Additional funding sources will be sought by Southwestern Public Health to further support the financial aspects of this strategy.

Next Steps

As a result of the review of the evidence and community consultation, the following multi-pronged sharps disposal strategy is being recommended to municipalities. This strategy requires collaboration with multiple community partners and municipalities choosing which of these initiatives would best suit their local context:

- *Reporting Mechanism* – A mechanism by which sharp(s) found in the community can be reported. This should be a simple means by which a community member can easily report sharps and be provided with timely feedback. A phone number would work for ease of use with this initiative. Findings reported to Public Health will be used for future placement of sharps containers.
- *Triaging Process* – A process to ensure all calls for sharp(s) found in the community are provided with a timely response by the appropriate organization. Findings reported to Public Health will be used for future placement of sharps containers.
- *Sharps Container Placement* – Recommendations for locations of larger sharps kiosks and smaller wall-mounted bins based on sharps density maps, best practice, and preferences of People with Lived Experience (PWLE).
- *Employment Opportunities for PWLE* – Opportunity to employ PWLE in the collection of community sharps. Involving PWLE in this intervention will assist with continuous feedback for improvement to harm reduction processes.
- *Community Sweep Response* – A threshold established for the number of sharps found in an area, after the first year of this strategy being in place. Once this threshold is met, a request for volunteers or sharps collection groups will be sent out to perform a community collection for sharps.

Public Health aims to pilot the strategy, inclusive of the initiatives listed above, fist in the City of St. Thomas and the City of Woodstock. Once the initiatives mentioned above have been implemented, Public Health will focus on harm reduction education and engagement. This educational campaign will focus on evidence-supported messaging, local statistics, and local resources. The campaign will distribute educational materials to children and parents regarding the proper procedure for when sharps are found in the community (i.e., Children should not touch sharps, but advise an adult).[5] The campaign will also provide harm reduction resources to local businesses and municipalities in the form of harm reduction training and sharps containers. Public Health will engage PWLE through relatable or comical messaging, such as the "Don't be a Prick" campaign in Nova Scotia.[5] During this campaign, Public Health will continue to provide support through monitoring and evaluating sharps container locations. This pilot will be evaluated after a year of the above-mentioned initiatives being fully implemented.

Conclusion

While harm reduction initiatives have proven effective at reducing the harms associated with drug use, they require community and municipal engagement to be sustainable. To avoid any unintended harms of these initiatives, organizations must work collaboratively to develop a viable sharps disposal strategy in the region.

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CEO REPORT

Open Session

MEETING DATE:	August 13, 2020
SUBMITTED BY:	Cynthia St. John, CEO (**written as of July 24, 2020**)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2020-BOH-0813-5.3

1) Provincial Updates (Receive and File):

1.1 Ministry of Health Reporting

I wanted to advise you that SWPH is in good shape regarding mandatory reporting to the Ministry of Health. The Ministry of Health requires public health units to report on many different aspects of their COVID – 19 response. The Ministry is using the data to report publicly on some items like percentage (%) of case contacts that are followed up within 24 to 48 hours of health unit notification (SWPH is at 100%). Other reports include the following:

- Long Term Care Home and Retirement Home Assessment Forms are submitted daily to alert the Ministry of Health of concerns about facility infection prevention and control capacity during COVID. At present, all of the homes in our catchment area are green.
- Weekly contact tracing reports are submitted to identify the number of high-risk contacts for each COVID – 19 positive case in our community. This helps the Ministry (and other health units) determine where there may be hotspots in the province. This report is for surveillance purposes only – with no set established target.

2) SWPH General Updates (Receive and File):

2.1 COVID-19 Response

Unless otherwise noted, the information within this section is to keep the Board apprised of matters pertaining to SWPH's response to COVID-19 and no decision is required at this time.

2.1.1 Operations

The operations team continues their work in assisting Windsor Essex County Health Unit in support of the management of their migrant farm outbreaks. A few staff were initially assigned to conduct daily health checks of clients, trace contacts, and perform data entry in iPHIS and other data management systems. We gained important insight during this process particularly about the unique risks that COVID poses in migrant farm operations. We have also learned about new supports available to assist with case and contact management of individuals who speak little to no English.

SWPH, in partnership with Ontario Health, will support surveillance swabbing of workers at some of the migrant farms in our community (in the next few weeks). This public health prevention swabbing approach is proactive and voluntary. Participating farms include:

Oxford County

- 10 farms have provided their consent to participate
- 89 migrant farm workers and 62 local workers have consented to testing

Elgin County

- 6 farms have provided their consent to participate
  182 migrant farm workers and up to 172 local farm workers have consented to testing

In Oxford County, farm surveillance testing will be performed via a Mobile Assessment Team, led by Emergency Medical Services (EMS) and supported by other partners. In Elgin, farm surveillance testing will be conducted via a Mobile Assessment Team (EMS) and supported by additional partners. Contract Farm Workers who live locally, may attend their local COVID-19 Assessment Centre (St. Thomas Elgin general Hospital, Tillsonburg District Memorial Hospital, or Woodstock Hospital). The target date to commence this testing is August 3rd.

Community Support Task Force

Our internal Community Support Task Force staff have processed over 9000 calls since March 9th. The Task Force continues to act as an invaluable information hub ensuring a two-way dynamic line of communication between SWPH and municipal leaders, community partners, and members of the general public. The Community Task Force provides an understanding and generates awareness of issues and best practices related to COVID-19 and promotes a positive working relationship with the community.

School Health Update

SWPH continues to work closely with local school boards and private schools with respect to schools reopening in the fall. Local school boards and private schools must submit their plan for reopening to the Ministry of Education by early August. While public health units are not mandated to approve official plans, we are expected to share best practices and provide evidence-informed information with respect to safely opening, outbreak management protocols and infection prevention and control.

We have dedicated two public health nurses on the school health team to liaise with schools to help prepare for the fall. Once each school board has an approved plan (by the Ministry of Education), SWPH can plan how we will deliver public health school-based programs and services in local schools.

Thus far, some of the work relating to schools reopening includes:

- Website enhancements – making it easier for schools to find up to the minute information relating to COVID and infection prevention and control
- Drafting a "Manual for Parents" – information/frequently asked questions for parents to help prepare their children for school in the fall
- Communication materials – endeavour to streamline all communications to ensure we are using consistent language and a consistent approach for everyone which involves working with our neighbouring health unit that also shares school boards

Infectious Disease Task Force

In line with the provincial experience, Southwestern Public Health has seen an uptick in case numbers over the past 2 weeks. At the time of writing this report, unlike the province, most of these cases have been identified in adults between the ages of 40 and 60 years.

We will be launching the new provincial case and contact management database over the next few weeks. A privacy impact analysis has to be performed prior to the launch; once that is completed and once we are satisfied from a privacy perspective, we will be ready to go. It is anticipated that the new database will support both provincial surveillance and public health interventions simultaneously, thereby decreasing some staff workload.

Public Health Ontario recently released a document highlighting the connections between COVID infection, poverty and health inequities. In accordance with a recent provincial directive, two staff members have been gathering information from past and current cases with COVID infection about their income, the number of people they support with their income, their preferred spoken language (English or French), the primary language spoken in their home, the language(s) they spoke as children, their race and ethnicity/culture. The answers will be reported to the Ministry through their surveillance database iPHIS. Southwestern Public Health will be doing an internal analysis of answers to these questions as well as a question about housing as this is known to be a local predictor of health inequities. Going forward, case investigators will be expected to ask these questions at the time of case follow-up. Members of the public have been receptive to providing answers when our purpose is explained to them.

2.1.2 Information

Communications

The Communications Team continues to dedicate most of their time to COVID - 19 response activities. This work includes graphic design, writing and editing, website maintenance, social media strategy and monitoring, issues management, media relations and the continuation of our 3x per week COVID Bulletin Update that goes out to more than 700 individuals and organizations across the region. The past month saw significant activity in support of the provincial Phase 2 and Phase 3 re-opening, the opening of local beaches, the Class Section 22 Order geared toward agricultural owner/operators and the Class Section 22 Order for mandatory self-isolation of COVID – 19 positive cases and close contacts . This work is in addition to communications in support of a significant IPAC lapse, heat and air quality alerts, amendments to the Smoke Free Ontario Act dated July 1, and the beginning of tick season.

Through social media, or organic searches on search engines like Google, more than 35,300 unique users visited the Southwestern Public Health website in June 2020. This compares to 11,500 in the same period of 2019.

The focus of the team for July and August is on developing fresh messaging related to the pandemic that focuses on social responsibility and normalizing some of our new infection prevention and control practices (like face covering). We are also preparing for the launch of new internet and intranet sites, both promising a better user experience and customer service for our stakeholders.

2.1.3 SWPH Emergency Control Group (ECG)

SWPH's internal Emergency Control Group (ECG) continues to operate within an IMS structure. This group meets twice per week in addition to ad hoc meetings, as necessary. Our ECG's objectives continue to focus on primary prevention, ensuring we are resourced to respond effectively (while monitoring staff wellness) to this crisis, supporting external partners and planning for the next phase of COVID. The work of this group is fluid and changes as the course of COVID changes.

2.1.4 Planning

Future Work Planning Group

The 2020 Future Planning Working Group, composed of 2 Program Directors and 4 Program Managers, came together to describe an approach to delivering our programs and services for the rest of 2020 given the uncertain nature of the pandemic. We identified four possible scenarios of COVID-19 activity that exist on a continuum (i.e., can overlap and move back and forth between the different scenarios throughout the year):

1. **Peaks and valleys** – COVID-19 cases appear in clusters throughout the rest of the year
2. **Sharp fall peak** – COVID-19 cases spike in the fall in greater numbers than what we saw in the spring
3. **Slow burn** – COVID-19 activity is fairly constant throughout the year and it becomes like any other disease of public health significance
4. **Longer, flatter fall peak** – COVID-19 cases start to rise in late summer, peaking in the fall when public health measures (e.g., lockdowns) are re-instituted, prolonging the duration of the peak; overall the number of cases is greater than what we saw in the spring

We developed strategic directions for each scenario to describe the priorities (internally and externally) we would need to attend to. Using those strategic directions to guide us, the working group then reviewed all the OPHS-related interventions in the planning database and identified if they should

continue as is, continue with modifications or be deferred to 2021; we also made notes about how we thought the intervention would need to change based on the scenario. From there, we developed suggested organizational structures and FTE allotments for each scenario to help guide the deployment process.

The new structure and direction, based on our assessment of being in a combination of scenarios 3 and 4, was implemented in late June and has been working well so far. A few working group members continue to work with Foundational Standards staff to identify indicators that can be used to determine which scenario we are experiencing and how best to redeploy staff. We're aiming to start monitoring those indicators in August. The current structure and deployment will remain in effect until the indicators tell us that our scenario is changing.

2021 Program Planning Working Group

A 2021 Program Planning Working Group has been established internally to set the strategic approach and overall direction for the operational planning of our programs and services for 2021. This group will use the work of the 2020 Planning Group as a starting point.

In order to move the organization forward with program planning, budget development and the completion of the 2021 Annual Service Plan, the Working Group will be hard at work determining what public health's focus should be in 2021.

2.1.5 Logistics

Logistics continues to maintain adequate stock levels of nasopharyngeal (NP) swabs as well as all personal protective equipment (PPE) for staff for programming as of right now. As a number of internal public health programs and services begin to resume, logistics is working with internal teams to determine our PPE needs going forward and working with our vendors to secure sufficient quantities. Currently N95 masks as well as Level 1 procedure masks are at a shortage (provincially) and procuring them has been an ongoing challenge. Alternative masks are being sought out and evaluated.

2.1.6 Safety

SWPH has developed a comprehensive guidance document to support managers and staff in managing a work from home approach that also helps to promote physical distancing while balancing the expectations, accountability and management of the operations in the delivery of public health services. SWPH continues to provide resources, assistance, and a community response to COVID-19, while striving to develop consistency and practices internally that staff and supervisors can refer to.

SWPH has also ensured physical distancing is a priority in our workplaces, lunchrooms and meetings room, however, sometimes maintaining the 6 feet of space can be difficult. As a result, SWPH has developed an internal administrative policy regarding universal face covering when physical distancing is not possible. This policy is consistent with face covering best practices and ongoing efforts to promote best practices for prevention and management of the spread of COVID-19.

2.2 SWPH Website / Intranet Update

Building on the health unit's brand and identity, SWPH is actively working to develop a new refreshed and updated website that is in line with current accessibility, security, software and technology trends for the organization.

This work began late last year as part of SWPH's update to the existing web platform, however, became a secondary objective to the communication response required as part of COVID-19.

The website and intranet update have remained a key deliverable in SWPH's ongoing ability to connect with the community, our clients, and internal staff members for reliable and up to date information. The new website will incorporate elements such as Health Inspect and Active Elgin and designed to provide a more succinct and intuitively aligned experienced with a local community feel.

This website refresh will have a comprehensive search engine, online calendars and booking system to support clients needs of all types. Online forms will be fully integrated to members of the public and ensure that we have a secure and accessible method to store and secure public health records.

We anticipate that this website will go live in the fall of 2020.

3) Ministry Settlement Forms (Decision):

The Public Health Funding and Accountability Agreement requires that the Program-Based Grants Annual Reconciliation Report be submitted to the ministry annually. The 2019 report has been prepared by the auditors' Grahams Scott Enns and reviewed by management staff. The report is a summary of the audited financial statements and is required to be signed by the CEO and the Board of Health Chair. The report was submitted July 31st to the Ministry of Health on behalf of the Board. The Board of Health is required to ratify the signing of the report.

MOTION: 2020-BOH-0813-5.3A
That the Board of Health for Southwestern Public Health ratify the signing of the 2019 program-based grants annual reconciliation report.

MOTION: 2020-BOH-0813-5.3
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for August 13, 2020

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2019 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2019 to December 31, 2019)
- Programs Funded at 75%
- Programs Funded at 100%

Section 2: 2018 One-Time Funding Approved to March 31, 2019
- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 3: 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)
- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 1 Base Funding (January 1, 2019 to December 31, 2019)	Programs Funded at 75%	Mandatory Programs	9,017,400	9,017,400	12,633,337	(268,669)	9,273,501	9,017,400	-
		Small Drinking Water Systems	30,700	30,700	40,933		30,700	30,700	0
		Vector-Borne Diseases	119,600	119,600	159,467		119,600	119,600	-
		Sub-Total Programs Funded at 75%	**9,167,700**	**9,167,700**	**12,833,737**	**(268,669)**	**9,423,801**	**9,167,700**	**0**
	Programs Funded at 100%	Healthy Smiles Ontario	1,008,100	1,008,100	938,145	-	938,145	938,145	69,955
		Ontario Seniors Dental Care Program	675,975	675,975	637,663	-	637,663	637,663	38,312
		Chief Nursing Officer	243,000	243,000	243,000		243,000	243,000	-
		Enhanced Food Safety	50,000	50,000	50,000		50,000	50,000	-
		Harm Reduction Program Enhancement	300,000	300,000	300,000		300,000	300,000	-
		Enhanced Safe Water	31,000	31,000	31,000		31,000	31,000	-
		Infection Prevention & Control Nurses	180,200	180,200	180,200		180,200	180,200	-
		Infectious Disease Control	389,000	389,000	389,000		389,000	389,000	-
		MOH/AMOH	320,871	320,871	320,871		320,871	320,871	-
		Needle Exchange Program	60,900	60,900	56,595		56,595	56,595	4,305
		Smoke Free Ontario	684,000	684,000	666,852		666,852	666,852	17,148
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							-	-	-
		Sub-Total Programs Funded at 100%	**3,943,046**	**3,943,046**	**3,813,326**	**-**	**3,813,326**	**3,813,326**	**129,720**
Total Section 1 Base Funding (January 1, 2019 to December 31, 2019)			**13,110,746**	**13,110,746**	**16,647,063**	**(268,669)**	**13,237,127**	**12,981,026**	**129,720**
Section 2 2018 One-Time Funding Approved to March 31, 2019	One-Time Projects / Initiatives Funded at 100%	Merger Costs	1,900,000	1,200,000	1,249,957		1,249,957	1,249,957	(49,957)
		PH Inspector Practicum Program	20,000	20,000	20,000		20,000	20,000	-
		School Health Screening	81,000	81,000	33,947		33,947	33,947	47,053
		Healthy Smiles Ontario: Dental Equipment	137,800	137,800	127,184		127,184	127,184	10,616
		Needle Exchange Program	24,400	24,400	21,198		21,198	21,198	3,202
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	**2,163,200**	**1,463,200**	**1,452,286**	**-**	**1,452,286**	**1,452,286**	**10,914**
	One-Time Capital Projects Funded at 100%						-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Capital Projects Funded at 100%	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total Section 2: 2018 One-Time Funding Approved to March 31, 2019			**2,163,200**	**1,463,200**	**1,452,286**	**-**	**1,452,286**	**1,452,286**	**10,914**
Grand Total 2019 Settlement (Section 1) + (Section 2)			**15,273,946**	**14,573,946**	**18,099,349**	**(268,669)**	**14,689,413**	**14,433,312**	**140,634**

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2019 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2019 to December 31, 2019)
- Programs Funded at 75%
- Programs Funded at 100%

Section 2: 2018 One-Time Funding Approved to March 31, 2019
- One-Time Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100%

Section 3: 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)
- One-Time Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 3 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)	One-Time Projects / Initiatives Funded at 100%	Merger Costs	700,000	525,006	111,748		111,748	111,748	413,258
		PH Inspector Practicum Program	18,325	7,506	9,523		9,523	9,523	(2,017)
		Healthy Smiles Ontario: Dental Equipment	825,000	-	-		-	-	-
		Needle Exchange Program	89,895	12,584			-	-	12,584
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%	**1,633,220**	**545,096**	**121,271**	**-**	**121,271**	**121,271**	**423,825**
Total Section 3 - 2019 One-Time Funding Approved to March 31, 2020 (To be settled in 2020)			**1,633,220**	**545,096**	**121,271**	**-**	**121,271**	**121,271**	**423,825**

Grand Total 2019 Settlement (Section 1) + (Section 2)	**15,273,946**	**14,573,946**	**18,099,349**	**(268,669)**	**14,689,413**	**14,433,312**	**140,634**

Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with Transfer Payment Agreements and Reports filed with the appropriate Municipal Council.

July 31, 2020
Date

Cynthia St. John
Signature
Medical Officer of Health / Chief Executive Officer

July 31, 2020
Date

Larry D. Marton
Signature
Chair of the Board of Health / Authorized Officer

MOH REPORT

Open Session

MEETING DATE:	August 13, 2020
SUBMITTED BY:	Dr. Joyce Lock (**written as of 12:00pm August 5, 2020**)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.4
RESOLUTION #	2020-BOH-0813-5.4

1) Provincial Updates (Receive and File):

1.1 Coronavirus COVID-19 (Receive and File):

OUR CURRENT STATE

As of August 4, 2020, Southwestern Public Health (SWPH) tested a total of 17,872 residents with a cumulative confirmed case count of 178, of which 79 are active and 5 are deceased. The percent positivity for our area (an indicator for identifying community spread) is currently 1.7%, a rate that is lower than the percent positivity for Ontario (2.6%).

The surge in active cases is notable. In the last two weeks we have essentially added nearly as many cases as we did in the first several months combined. Understandably, people are concerned and want a means of identifying how this happened. One particular event or group or person is not the sole reason for our spike in cases, however. Cases have arisen from workplaces, community activities, large family groupings, and social gatherings. To evaluate SWPH's present risk of COVID-19 infection and risk of community transmission, our epidemiologists used the following indicators to assess our current state: (1) Weekly incidence rate; (2) Weekly incidence rate of non-epi linked cases; (3) Percent positivity per week; and (4) Weekly medium reproductive number. Based on the data collected, the risk for infection is high; however, the increase in cases is due to outbreaks in the community. There is no evidence of

unknown sources of Covid-19 transmission across the region. SWPH may be facing a local surge in the number of active cases, but there presently is no suggestion of community spread of unknown origin.

An environmental scan of the readiness of our system partners to respond to this current increase in numbers indicates, thus far, that assessment centres have the ability to accommodate increased testing; our area hospitals have the capacity to treat those that are ill; and the laboratories are able to handle increased testing demands. When we look at our neighbouring health units for comparison, SWPH had the 3rd highest incidence rate between July 22-28, but Windsor-Essex, Chatham-Kent, and Haldimand-Norfolk also experienced high rates during this period.

Along with a number of other health units, Southwestern Public Health moved to Stage 2 on June 12th and progressed to Stage 3 on July 17th wherein COVID remained an active presence throughout the province (even as overall numbers decreased). Throughout the reopening of the province, we have been cognizant of the potential for case numbers to rise, especially in light of the virulent infectiousness of COVID-19. Our dedicated staff are now working non-stop on case management and contact tracing and have so far been able to isolate the source of infection for many of our active cases – we can see the linkages, track and put protective measures in place. However, this process of management and containment is a vulnerable one which can be easily overwhelmed by a sustained outbreak.

If we turn to nations and communities that have progressed farther along in their economic reopening and allowance of larger gatherings, whether for holidays, social get-togethers, faith-based activities, sports, or the reopening of schools, we see exemplars of COVID-19 preparedness and response suddenly become representative of how no country is safe from a resurgence. At the height of summer, Vietnam, with a population of 97 million, had a total of 369 confirmed cases on July 1st, no deaths, and no cases of community transmission in over three months. By July 25th, an outbreak was reported in a tourist resort town which then spread to the urban centres of Hanoi and Ho Chi Minh City. As a result, regional entertainment venues closed again, gatherings were restricted, and testing numbers rose to the tens of thousands within weeks. Their hope now is that the return to such stringent measures locally will cause the current outbreak to peak in the next 10 days and allay the need for more widespread lockdown.

Germany, lauded from the beginning for its rapid pandemic response, mass testing capacity, and strong central leadership, only began reopening after its reproduction, or "R" rate (the average number of people each patient with the virus goes on to infect) had fallen below 1, to 0.7. But once the lockdown was eased, new outbreaks soon followed, with a spike of 900 cases in a day in May and a series of clusters continually arising, linked to large gatherings, workplaces, and community facilities, as well as travelers returning from other countries. The message I would therefore impress on us all is that COVID-19 can be anywhere and it behooves us all to live like it is everywhere, maintaining a Covid-defensive mindset that respectfully and considerately provides our selves and our community the best protection at hand. We have only to look to our neighbour south of us to see an example of a country that rushed to reopen, garnering rising infection rates.

COVID-DEFENSIVE CULTURE

We anticipated that with Phase 3 re-opening we would see an increase in cases. Sheltering in place successfully reduced transmission at the start of the pandemic, but it does not address the underlying conditions that can allow COVID-19 to spread so explosively. This may become even more pronounced when schools and daycares resume in September and the public begins to spend more time indoors. As

such, we must continue to be mindful of practicing the physical, social, and behavioural adjustments we have learned from the start as well as add to our span of mitigation strategies. In light of these issues, I exercised my role as Medical Officer of Health to issue the following:

CLASS ORDER SECTION 22 TO AGRICULTURAL EMPLOYERS

On July 8, 2020, I issued a Class Order Section 22 intended to reduce the high risk of COVID-19 spread within agricultural farms in Elgin County, Oxford County, and the City of St. Thomas. Based on the number of large COVID-19 outbreaks in agricultural farms in similar regions across Ontario, this was a targeted, proactive measure intended to reduce the spread of COVID-19 and ensure the health of migrant farm workers, temporary foreign workers, local workers, or workers from temporary help agencies. The measures include everything from physical distancing practices, guidelines for accommodations, screening practices, and keeping accurate and updated contact information.

CLASS ORDER SECTION 22 TO SELF-ISOLATE

On July 23, 2020, I issued a new Class Order Section 22 in order to ensure that our community adheres to a key intervention to stop transmission of COVID-19. Anyone who has been instructed to self-isolate due to risk of spreading COVID-19 will now be *required* to self-isolate (the Section 22 is enforceable and carries a fine if not followed). This includes specific individuals who are considered by public health to be a case, has signs and symptoms indicative of COVID-19 and are awaiting test results, or are a close contact of a positive case.

LETTER OF INSTRUCTION REGARDING FACE COVERING

After careful consideration of the evidence on masking, the transmission risks in our community, and discussion with our municipal partners, I moved forward with a universal face covering mandate. The letter of instruction went into effect at 11:59 p.m. on July 30, 2020, allowing a one-week grace period for businesses and organizations to develop policies, update facilities where needed, and train staff. The letter of instruction applies to all commercial establishments, public transit, and commercial transportation service vehicles, such as limousines, taxis, buses and rideshare programs. The Letter of Instruction is enforceable in the same manner as any other order or instructions made pursuant to the *Emergency Management and Civil Protection Act*, and now continued or made under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*.

The delivery of the Section Orders and Letter of Instruction was critical and necessary. Public health measures have been introduced to correspond with local risks throughout this pandemic. At the start, the direction from public health was to shelter in place and limit the size of gatherings to 5 or less, for example. Additional guidance as spaces opened promoted physical distancing of 6 feet apart. Now as the province opens further and allows for more interaction with others, and as our local cases have increased, we have a face covering mandate that addresses the current case surge as well as COVID-19's expected prevalence during the winter months. Additional rationale was provided by Public Health Ontario, with evidence supporting non-medical face coverings as beneficial for source control. Emerging data also indicated a decrease in new COVID-19 cases in regions where mandatory public mask policies were implemented, compared to regions where such policies were delayed. These directives also provide forward-thinking preparation for the re-opening of daycares, return to schools, and flu season.

FLU

Despite the overshadowing presence of COVID-19 this year, we cannot ignore seasonal respiratory infections such as flu. On a positive note, the 2019/20 influenza season was truncated by closures and stay-at-home measures due to COVID-19. Moreover, influenza indicators in the Southern Hemisphere measure the current R_0 for flu as lower than COVID-19's. Public Health Ontario's Planning Table continues to move forward with flu surveillance and administration strategies for the fall with the hope of hitching on to some of the strategies in place for COVID-19.

DAYCARES

On July 30th, guidance came out for Daycares to reopen fully by September 1st. SWPH is currently consulting with Primary Care Leads from Oxford and Elgin as well as St. Thomas Elgin General Hospital's Chief of Pediatrics to provide clear guidance to daycares if a child becomes ill. Part of that process is to review the list of symptoms and protocol, with an eye to keeping Daycares safe, keeping children in Daycares, and considering the optimal use of healthcare resources all while keeping the other eye on maintaining the mental health and well-being of our young children (being especially mindful of the discomfort of swabbing).

SCHOOLS

School preparation is a moving target with all the pieces still to settle in place. Elementary schools (Kindergarten to Grade 8) will reopen provincewide, with in-class instruction five days a week. Secondary schools with lower risk will reopen with a normal daily schedule, five days a week, while most secondary schools will start the school year in an adapted model of part-time attendance with class cohorts of up to 15 students alternating between attending in-person and online. Students from Grade 4-12 and school staff will be required to wear non-medical face coverings.

ADDITIONAL PREVENTION STRATEGIES

HEALTH SYSTEMS EOC

Regionally, our Health Systems Emergency Operations Centre (HS-EOC), in partnership with PHO specialists, are working on providing Regional Infection Prevention and Control (IPAC) Guidance for medical and non-medical organizations. For any immediate IPAC assistance, both Southwestern Public Health and Public Health Ontario is available to provide guidance. Working with OMAFRA and the Ministry of Labour, SWPH and members of the HS-EOC have also begun voluntary testing on area migrant farm workers. Preparation for testing included creating plans that deal with care of COVID-19 positive workers and support for impacted farms. Finally, the Evacuation Response Plan for Congregate and Residential Settings is near completion. The document provides direction for our system partners to actively and reactively support LTCHs, RHs, and Hospice Care if faced with a COVID-19 outbreak.

COVID ALERT APP

Encouraging progress has been made in the research and development of various strategies to fight COVID-19. The COVID Alert App detects when users are near each other. If a user tests positive for the virus, they can choose to let other users know without sharing any personal information. Ontarians who receive an exposure alert can then get tested and take action to help keep themselves, their families, and their friends from spreading COVID-19 throughout the community. The app does not collect personal information or health data, and a user's personal information remains private (the app was

developed in consultation with the Privacy Commissioners of Canada). NOTE: the app works only on phones released in the last five years.

SEROLOGICAL STUDIES

Research regarding SARS-CoV-2 serology is ongoing given the uncertainty around the extent and duration of antibody production. Serology is not used as a diagnostic test because of the high rates of false positive and negative results. Serology is also not used presently to determine immunity because we do not know if having antibodies equates to immunity – more specifically, if the antibodies are neutralizing antibodies. Seroprevalence is the proportion of a population who have SARS-CoV-2 antibody in the blood in a given time period. Public Health Ontario just completed a seroprevalence study from random blood samples drawn for other reasons between March and June. Seroprevalence rose from 0.5% in March to 1.1% by the end of June, with variation by geography, age, and sex. Similar results were found in British Columbia which released its study on July 15th on infection rates based on seroprevalence. They found that less than 1% of the population had been infected with SARS-CoV-2 when first-wave measures were relaxed in May 2020. Results indicated that they successfully contained and even suppressed community transmission in the province, but that residents remained susceptible to infection, as the current rise in active cases for the province has shown (where more than 70 people recently contracted COVID-19 and close to 1,000 others had to self-isolate after attending packed social events in Kelowna, BC).

VACCINES and ANTIVIRAL MEDICATION

On July 28, 2020, the Public Health Agency of Canada secured access to Remdesivir, an antiviral drug, via Gilead Sciences Canada, for provisional use on adult and adolescent patients with severe COVID-19 symptoms who have been hospitalized. Supplies of the drug are notably limited, however.

Following the review and recommendation of the COVID-19 Vaccine Task Force, the Government of Canada entered into agreements with Pfizer and Moderna to secure millions of doses of COVID-19 vaccine candidates. Pfizer will supply its BNT162 mRNA-based vaccine candidate, while Moderna will provide its mRNA-1273 vaccine candidate. All potential vaccines will require Health Canada regulatory approval prior to being used to vaccinate Canadians. There are around 150 coronavirus vaccine candidates in development, and nearly two dozen potential vaccines are in various stages of human testing worldwide, with a handful entering late-stage testing to prove effectiveness. It is encouraging to see so many successful results thus far in this race for a safe and effective vaccine against COVID-19. Realistically, it is highly unlikely that a viable vaccine will be ready and available this year.

CONCLUSION

I encourage everyone to stay on track and continue to follow the mitigation measures we have in place that will help maintain the safety of our community, our loved ones, and ourselves. COVID fatigue is a real issue that all Canadians are grappling with. A recent McMaster Health Forum Rapid Review identified the types of mental health and addiction issues arising from health, economic, and social system responses to COVID-19. Therefore, I exhort and encourage our community to be kind – kind to yourself and to others. Some ways to show caring and kindness include:

- Being patient with businesses that are re-opening, and their staff who are learning new protocols
- Continuing to practice physical distancing at work and in public areas (6 feet away from everyone else – even when outdoors)
- Washing hands thoroughly and frequently

- Keeping your social circle to just 10 people
- Putting a face covering on if you cannot maintain 6 feet of space – and remember, your face covering protects other people, including those who cannot wear a face covering for medical reasons. (Face coverings are NOT intended to replace physical distancing).
- Cleaning high touch surfaces
- Staying home if you experience signs of any illness – not just coughing, fever, or shortness of breath
- Getting tested if you think you have even one symptom
- And continuing to show support and compassion to those who need it – which is truly the most caring and kind action you can demonstrate.

We must remember that we have markedly progressed from where we first were in our initial COVID-19 response back in March 2020: public health knows so much more about COVID-19 than they did six months ago; officials also have a wider range of policy tools at their disposal; the public is better informed about the importance of social distancing, practicing smart hygiene, masking, and self-isolation measures; and we now have a better understanding of which segments of the population are more vulnerable to COVID-19 and how best to protect them from the disease. The ability to ensure our community emerges from this pandemic in good health and in good spirits rests with all of us working together and supporting each other.

MOTION: 2020-BOH-0813-5.4
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for August 13, 2020.