



**Board of Health Meeting**  
**MS Teams Electronic Participation**  
**Thursday, February 4, 2021**  
**3:00pm**

AGENDA			
Item	Agenda Item	Lead	Expected Outcome
<b>1.0 COVENING THE MEETING</b>			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> <li>Introduction of Guests, Board of Health Members and Staff</li> <li>Introduction of New Board Member – Ted Comiskey</li> </ul>	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	
<b>2.0 APPROVAL OF MINUTES</b>			
2.1	Approval of Minutes <ul style="list-style-type: none"> <li>January 7, 2021</li> <li>January 19, 2021 – Special Meeting</li> </ul>	Larry Martin	Decision
<b>3.0 APPROVAL OF CONSENT AGENDA ITEMS</b>			
3.1	<b>Welcome Letter to Ted Comiskey</b> January 28, 2021 – SWPH <i>Summary: This letter acknowledged and welcomed Ted as the newest member of the SWPH Board of Health.</i>	Larry Martin	Receive and File
<b>4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION</b>			
	None at this time.		
<b>5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION</b>			
5.1	Chief Executive Officer's Report for February 2021	Cynthia St. John	Acceptance
5.2	Medical Officer of Health's Report for February 2021	Dr. Joyce Lock	Acceptance
<b>6.0 NEW BUSINESS/OTHER</b>			
<b>7.0 CLOSED SESSION</b>			
<b>8.0 RISING AND REPORTING OF THE CLOSED SESSION</b>			
<b>9.0 FUTURE MEETINGS &amp; EVENTS</b>			
9.1	Thursday, March 4, 2021	Larry Martin	Decision
<b>10.0 ADJOURNMENT</b>			



January 7, 2021  
**Board of Health Meeting**  
**Minutes**

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, January 7, 2021 virtually through MS Teams commencing at 3:00 p.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
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

**GUESTS:**

Ms. M. Cornwell	Manager, Communications
Mr. P. Heywood	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Mr. D. Smith	Program Director
Ms. C. Walker	Program Director
Mr. F. Harmos	Program Manager
Ms. K. Andrews	Public Health Nurse
Ms. W. Lee	Administrative Assistant
Mr. I. McCallum	St. Thomas Times Journal
Mr. G. Colgan	Woodstock Sentinel-Review
Mr. R. Perry	Aylmer Express

**REGRETS:**

Mr. D. Warden	Board Member
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## **1.1 CALL TO ORDER, RECOGNITION OF QUORUM**

The meeting was chaired by Cynthia St. John.

## **1.2 AGENDA**

### **Resolution # (2021-BOH-0107-1.2)**

Moved by L. Baldwin-Sands

Seconded by L. Rowden

That the updated agenda for the Southwestern Public Health Board of Health meeting for January 7, 2021 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.

## **1.5 Delegation of Officers**

L. Martin noted that during these unprecedented times it was suggested that the Board of Health deviate from the Terms for Election of Officers policy. The change in Leadership of the board during a pandemic response would have an effect on the ability to respond and therefore wish to extend the terms of the Board Chair and Vice Chair for a one-year term.

The matter was discussed with no objections.

### **Resolution # (2021-BOH-0107-1.5)**

Moved by S. Talbot

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health, given the current global pandemic, deviate from policy BOH-GOV-060, Terms for Election of Officers for the 2021 period.

Carried.

### **Resolution # (2021-BOH-0107-1.5A)**

Moved by S. Talbot

Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health extend the current terms of the Chair, Larry Martin, and Vice Chair, Joe Preston, for the 2021 year.

Carried.

**Resolution # (2021-BOH-0107-1.5B)**

Moved by D. Mayberry

Seconded by G. Jones

That further to Board of Health Policy BOH-GOV-030, the Board of Health Chair for Southwestern Public Health delegate the Chief Executive Officer for Southwestern Public Health as acting “Head” for the purpose of ensuring day-to-day fulfilment of Southwestern Public Health’s compliance obligations under the Municipal Freedom and Information and Protection of Privacy Act (MFIPPA).

Carried.

**2.0 APPROVAL OF MINUTES**

**Resolution # (2021-BOH-0107-2.1A)**

Moved by L. Rowden

Seconded by S. Talbot

That the minutes for the Southwestern Public Health Board of Health meeting for December 3, 2020 be approved.

Carried.

**3.0 CONSENT AGENDA**

D. Mayberry requested that consent agenda item 3.1 be removed from the Resolution as receive and file.

**Resolution # (2021-BOH-0107-3.0)**

Moved by D. Mayberry

Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health receive and file consent agenda item 3.2.

Carried.

**4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION**

D. Mayberry requested that it be supported by Southwestern Public Health. L. Baldwin-Sands requested that this agenda item be circulated to Southwestern Public Health Municipal

Partners so that they may be aware of this matter. C. St. John confirmed that SWPH will distribute this letter to municipal partners.

**Resolution # (2021-BOH-0107-3.0A)**

Moved by D. Mayberry

Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health support consent agenda item 3.1, Basic Income for Income Security during COVID-19 Pandemic and Beyond, from Thunder Bay District Public Health.

Carried.

**5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION**

**5.1 Attachment Theory and the Circle of Security Report and Presentation**

F. Harmos and K. Andrews presented the Attachment Theory and the Circle of Security presentation.

K. Andrews provided an overview of the practical implementation of this theory. She provided examples of the application of these practices within the Healthy Babies and Healthy Children programming and noted its success.

L. Martin thanked F. Harmos and K. Andrews for their presentation.

L. Rowden asked how referrals are obtained. K. Andrews noted that there are a variety of partners, such as the hospitals, health care providers, and Family and Children's Services' case workers that refer clients to SWPH.

S. Molnar requested that the presentation be circulated to board members.

D. Mayberry asked how this program is rolled out within our community. K. Andrews noted that our existing partnerships within the community are integral in rolling this program out. She noted that using the same language as similar service providers is essential.

It was noted that the Board is supportive of the report and encourages staff to continue this work.

**Resolution # (2021-BOH-0107-5.1)**

Moved by L. Rowden

Seconded by G. Jones

That the Board of Health for Southwestern Public Health receive and file the Attachment Theory and the Circle of Security report.

Carried.

## **5.2 Governance Standing Committee Report for January 2021**

L. Martin provided an overview of his report.

### **Resolution # (2021-BOH-0107-5.2A)**

Moved by L. Baldwin-Sands

Seconded by S. Talbot

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Workplan for 2021.

Carried.

### **Resolution # (2021-BOH-0107-5.2)**

Moved by J. Preston

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Report for January 7, 2021.

Carried.

## **5.3 Chief Executive Officer's Report**

C. St. John reviewed her report.

C. St. John noted that the vaccine administration within our region is top of mind and our Communications Team is developing a comprehensive strategy to support the vaccine rollout.

C. St. John noted that these are extraordinary times and our staff are feeling the effects of the leadership role we have within this pandemic. She noted that SWPH is dedicated to ensuring our staff are supported and resources are provided to them as needed.

G. Jones noted that he must leave the meeting at this time due to a prior commitment.

L. Rowden asked if there is a testing strategy with schools. C. St. John advised that she is unaware of any strategies that are being developed for students within schools. Dr. Lock noted that PHO and the Ministry are continuously monitoring cases and schools and will advise if further public health interventions are required in schools. She noted that investigations thus

far have determined that schools are not a significant factor to the community spread of the virus.

S. Molnar noted that the leadership at SWPH have been participating in daily meetings regarding the long-term care home outbreaks at Maple Manor and Peoplecare. He noted that this is a display of quality leadership and he is grateful to the staff at SWPH.

S. Molnar commended A. Pavletic on her participation on his weekly Mayor Facebook Live broadcast and appreciated the support by SWPH. He noted that a similar presentation that was presented by A. Pavletic yesterday may be beneficial for other municipalities to share. C. St. John noted that she appreciates the feedback and SWPH will consider his suggestion.

L. Martin asked if there is messaging developed to support the need to continue adhering to public health measures for those who do receive the COVID-19 vaccine. Dr. Lock noted that our staff will be developing messaging to support this message and she believes that the Ministry is developing messaging as well.

#### **Resolution # (2021-BOH-0107-5.3)**

Moved by S. Molnar

Seconded by S. Talbot

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for January 7, 2021.

Carried.

#### **5.4 Medical Officer of Health's Report for January 2021**

Dr. Lock reviewed her report.

Dr. Lock noted that SWPH has yet to have a case of the UK variant. She noted that SWPH is conducting a thorough investigation on cases that have the South African variant as initial research suggests that vaccines may not work as well against the variant and that people may also face a risk of reinfection.

Dr. Lock noted that SWPH is preparing to administer vaccine in a broader way. Internally, we are establishing a Task Force that will lead this work. She noted that we are convening the Health System Emergency Operations Centre (EOC) on January 8, where we will initiate the establishment of an Advisory Group that will support SWPH's lead in vaccine administration within the SWPH region. She noted that the group will consist of various healthcare representatives and municipal partners.

Dr. Lock noted that the province anticipates vaccine shipments of 5 million doses each month starting in April. She noted that based on our regional population, we hope to plan for the administration of 1,000 doses per day by spring.

Dr. Lock noted that SWPH is working on vaccine sequencing to ensure that our most vulnerable population receive vaccines first. She noted that all long-term care home staff have received notification that they will receive vaccines. She noted that we have heard that additional Pfizer vaccines will be received at London Health Sciences and will be designated for the SWPH region.

S. Molnar advised Dr. Lock and C. St. John that, if SWPH requires advocacy for vaccine allocation, the Board of Health can be called upon to support this request.

#### **Resolution # (2021-BOH-0107-5.4)**

Moved by J. Preston

Seconded by T. Marks

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for January 7, 2021.

Carried.

## **6.0 NEW BUSINESS/OTHER**

None at this time.

## **7.0 TO CLOSED SESSION**

#### **Resolution # (2021-BOH-0107-C7)**

Moved by J. Preston

Seconded by L. Baldwin-Sands

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 # (2021-BOH-0107-C8)**

Moved by D. Mayberry  
Seconded by S. Talbot

That the Board of Health rise with a report.

Carried.

### **Resolution # (2021-BOH-0107-C2.0)**

Moved by J. Preston  
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health receive and file consent agenda item 2.1.

Carried.

### **Resolution # (2021-BOH-0107-C3.1(A))**

Moved by S. Talbot  
Seconded by L. Rowden

That the Board of Health for Southwestern Public Health approve the risk register for 2021 as presented.

Carried.

### **Resolution # (2021-BOH-0107-C3.1)**

Moved by T. Marks  
Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Report for January 7, 2021.

Carried.

**Resolution # (2021-BOH-0107-C3.2)**

Moved by S. Molnar

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for January 7, 2021.

Carried.

D. Mayberry asked for clarity on the process of reporting absences with schools and how SWPH handles positive cases within schools. C. St. John noted that SWPH staff will reiterate messaging to the public that clarifies that if there is a positive case within the school, parents will be notified.

**10.0 ADJOURNMENT**

**Resolution # (2021-BOH-0107-10)**

Moved by J. Preston

Seconded by D. Mayberry

That the meeting adjourns at 5:05 p.m. to meet again on Thursday, February 4, 2020.

Carried.

**Confirmed:** \_\_\_\_\_



January 19, 2021  
**Board of Health Special Meeting**  
**Minutes**

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Tuesday, January 19, 2021 virtually through MS Teams commencing at 5:34 p.m.

**PRESENT:**

Ms. L. Baldwin-Sands	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
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:**

Ms. M. Cornwell	Manager, Communications
Mr. G. Colgan	Woodstock Sentinel-Review
M. K. Saylor	Woodstock Sentinel-Review
Mr. R. Perry	Aylmer Express

**REGRETS:**

Ms. S. Talbot	Board Member
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**ABSENT:**

Mr. G. Jones	Board Member
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**1.1 CALL TO ORDER, RECOGNITION OF QUORUM**

**1.2 AGENDA**

**Resolution # (2021-BOH-0119-1.2)**

Moved by L. Baldwin-Sands  
Seconded by D. Warden

That the updated agenda for the Southwestern Public Health Board of Health meeting for January 19, 2021 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.

## **7.0 TO CLOSED SESSION**

### **Resolution # (2021-BOH-0119-C7)**

Moved by D. Warden  
Seconded by L. Rowden

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 # (2021-BOH-0119-C8)**

Moved by D. Mayberry  
Seconded by D. Warden

That the Board of Health rise with a report.

Carried.

**Resolution # (2021-BOH-0119-C3.1)**

Moved by S. Molnar

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the verbal report from Board Chair, Larry Martin for January 19, 2021.

Carried.

**10.0 ADJOURNMENT**

**Resolution # (2021-BOH-0119-10)**

Moved by L. Baldwin-Sands

Seconded by S. Molnar

That the meeting adjourns at 6:06 p.m. to meet again virtually on February 4, 2021 at 3:00 p.m.

Carried.

**Confirmed:** \_\_\_\_\_

**Elgin St. Thomas Site**

Administrative Office  
1230 Talbot Street  
St. Thomas, ON  
N5P 1G9

**Woodstock Site**

410 Buller Street  
Woodstock, ON  
N4S 4N2

January 28, 2021

Ted Comiskey  
122 Innes Street  
Ingersoll, ON  
N5C 2R5

Delivered via email  
[mayor@ingersoll.ca](mailto:mayor@ingersoll.ca)

Dear Ted,

On behalf of the Board of Health and staff of Southwestern Public Health, we welcome you as our newest Board of Health Member.

This is a dynamic and interesting time to be more involved with public health, particularly given the COVID-19 pandemic. You will know many faces around the table and for those that you don't know, the board is an engaged group of leaders committed to advancing the mission and vision of public health.

The focus for the Board is to govern an agency dedicated to ensuring vibrant and health communities where everyone has the same opportunities to have healthy lives.

We will follow-up with you to schedule orientation sessions and introduce you to the various tools and supporting documents to set you up for success on the Board.

We look forward to working with you.

Sincerely,

Larry Martin  
Board Chair  
Southwestern Public Health

Cynthia St. John  
Chief Executive Officer  
Southwestern Public Health

copy: SWPH Board of Health Members



# CEO REPORT

Open Session

**MEETING DATE:** February 4, 2021

**SUBMITTED BY:** Cynthia St. John, CEO (written as of January 23, 2021)

**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 #** 2021-BOH-0204-5.1

## **1) Provincial Updates (Receive and File):**

### **1.1 SWPH Dashboard COVID – 19 Case Reporting Compared to Provincial Website**

There have been many questions over the past 10+ months with respect to the reporting of daily data – when does it get updated, how does it get updated, where and by who(m), etc. This update aims to provide some clarity regarding reporting of daily data.

There will always be some discrepancies between the provincial website that reports cases of COVID-19 by public health unit (PHU) ([https://covid-19.ontario.ca/data#where\\_numbers](https://covid-19.ontario.ca/data#where_numbers)) and our SWPH COVID-19 dashboard.

The provincial website includes a section called “Why our numbers and Public Health Unit’s numbers often don’t match” that goes into detail about some of the reasons for those discrepancies. SWPH also has additional criteria that could account for some differences in the data reporting.

The provincial website extracts the information they report directly from the Health Unit’s Case and Contact Management (CCM) database. If a positive lab result is uploaded into the CCM by 3 pm, that person is counted as an “active” case in the CCM and the case is subsequently reported by the province the next day. Not all of these cases have been validated by public health to ensure that the information is correct. The data on the provincial website will fluctuate significantly on a daily basis as the health

units clean and verify the cases that have already been reported; for example, to ensure that addresses are correct and that there are no duplicates.

SWPH reports an “active” case on the COVID-19 dashboard when their status is no longer “awaiting outreach”. In other words, after they have been notified by public health that they are COVID positive. We use this criterion to ensure that we are not reporting someone who does not yet know they are positive, to increase the accuracy of our numbers and to minimize any fluctuations in the counts. Once a preliminary investigation has started, we are able to minimize the number of cases we report on who are from another jurisdiction, are a duplicate, having missing address information, etc. However, discrepancies with the provincial reporting will be larger if there is a backlog of cases that have not yet had an initial outreach. We use the same 3 pm time cut-off for case reporting as the provincial update.

Prior to reporting on the SWPH dashboard, we have ensured the completion of an initial case investigation and done some cleaning and quality checking of the data. The provincial data is updated automatically, without any cleaning or verification. The provincial data is more highly subject to change. A backlog in SWPH cases receiving an initial follow-up will also increase discrepancies.

In the event there are discrepancies between the SWPH COVID-19 dashboard and the provincial COVID-19 website data, the SWPH numbers should be considered the official number.

## **2) SWPH General Updates (Receive and File):**

### **2.1 COVID-19 Response**

#### **2.1.1 Operations**

##### ***ECG Update***

As the pandemic evolves, our structures and processes must, too. In January, we introduced an updated IMS Structure and a new format for our ECG meetings. The purpose of these changes was to increase the efficiency of the meetings, make the span of control (i.e., how many people/resources report to each person) more manageable, keep each IMS Section’s workload manageable, and engage in organizational priority setting. We meet as an ECG every weekday and use evidence-based facilitation activities to help us move from knowledge to action. The EOC Commander of the day also participates in our internal vaccine planning meetings to ensure that work aligns with the overall strategy set by the ECG. The EOC Commanders helped facilitate other Sections’ work with updating deployment charts, contingency planning for IT hardware, allocating on-site workstations for staff whose role prevents them from working remotely, and mitigating potential cybersecurity threats.

##### ***Planning***

Augmented by the addition of two staff with database expertise, the Planning Section continues to focus on keeping the Southwestern Public Health dashboard current with accurate information supplied by the Case and Contact Management. Of note: the percentage of long-term care homes in Elgin and Oxford Counties that are in outbreak at any one time (40%) is in line with trends across the province. Of additional note: a recent analysis of cases by gender shows that a disproportionate number of women



are being infected by COVID-19 (60%) when compared with the province (53%). To date, nothing has been identified to explain this difference.

The Planning Section has also been involved in coordinating the efforts of staff from the Call Centre, COVID Community, Infectious Diseases, and School Health Teams to design a consistent, evidence-informed, self-directed approach to orientation to minimize the demands on those supporting their learning. The outcomes of this work to date include 2 modules – COVID Basics and Case and Contact Management of COVID-19 – as well as a ‘CCM Exercise Book’ containing links to many resources available through Public Health Ontario, the Ministry of Health, and other partners as well as practice scenarios.

### ***IPAC Hub***

Southwestern Public Health received up to \$805,000 in one-time funding for the 2020-21 funding year (October 1, 2020, to March 31, 2021) to support local networks' development to enhance Infection Prevention and Control (IPAC) practices in community-based and congregate living settings. SWPH's Manager of Infectious Diseases will lead this multi-partnered public health unit initiative. This initiative includes collaborating with health system partners in the South West region from multiple settings. The initiative also includes representatives from the Grey Bruce Health Unit, Huron Perth Public Health, Middlesex-London Health Unit, and partners from local hospitals, long-term care homes, and congregate settings (e.g. group homes) and members from Ontario Health (West), South West LIHN and Public Health Ontario (PHO).

The IPAC Hub initiative's long-term strategy is to address IPAC gaps in the health system. The deliverables of the one-time funding accountability are:

- a. Provide education and training.
- b. Support or develop a community of practice(s) to support information sharing, learning and networking among IPAC leaders within congregate living settings.
- c. Support the development of IPAC programs, policy and procedures within sites.
- d. Support assessments and audits of IPAC programs and practice.
- e. Provide recommendations to strengthen IPAC programs and practices.
- f. Provide mentoring of IPAC service delivery within homes.
- g. Work with public health partners and congregate living settings to develop outbreak management plans; and
- h. Support the congregate living setting to implement IPAC recommendations.

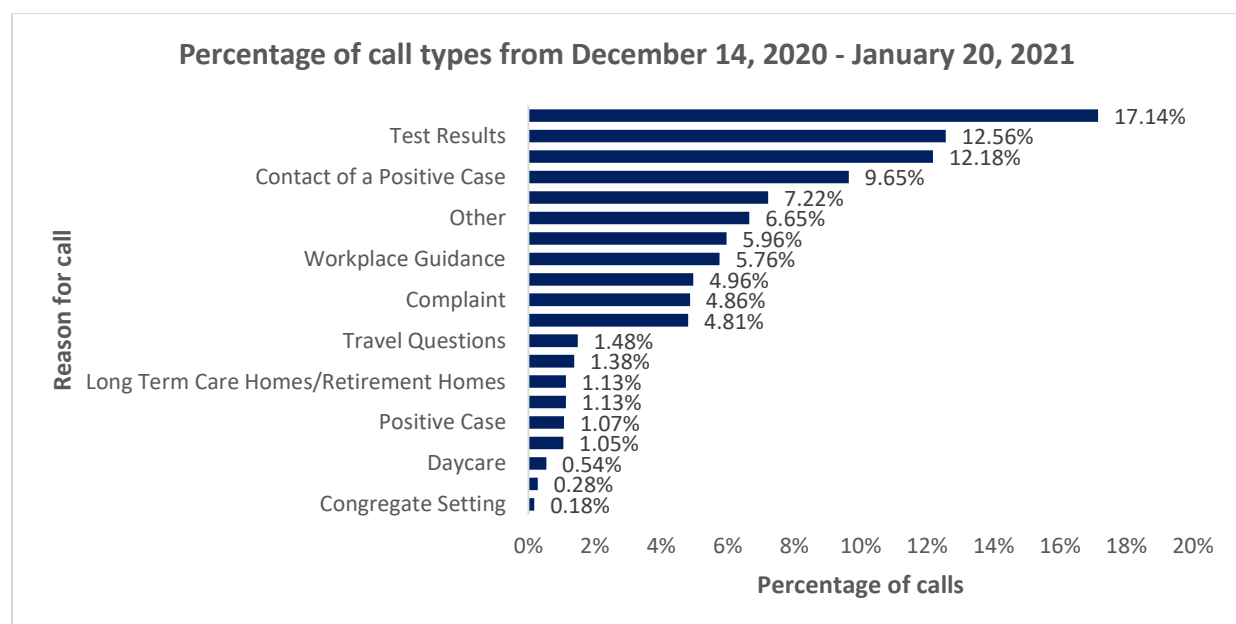
Moving forward, SWPH will be forming a steering committee that will inform the development of a delivery model and identify key priorities.

### ***Community Support Task Force***

The Community Support Task Force continues to provide prompt evidence-informed guidance to both internal and external stakeholders. This team meets daily with internal representatives from the content

table, the call center, communications, as well as liaisons from other teams to ensure everyone's informed with any new significant announcements and what's top of mind for the community. Recently, our priority populations subgroup has done an excellent job communicating with and providing culturally sensitive education to local priority populated communities that reside in Oxford and Elgin Counties about the need to comply with public health measures and provincially driven legislation to reduce the spread of COVID-19.

The Call Center has been busy responding to approximately one hundred calls per day. With the leadership of current Call Center staff, we are training more staff to be able to support the work of the Call Center and we have increased the number of staff working on weekends. We are also monitoring the weekly occupancy rate (a data driven calculation of our capacity to respond to the volume of calls received). Our target remains to follow-up with messages left by callers within 24-48 hours. The following graph identifies the types of calls received between December 14, 2020 and January 20, 2021 with the most frequently asked questions related to exposure, and test results.



## ***Infectious Disease Task Force***

### **Case and Contact Investigation**

There has been increased COVID activity in our community over the last month. Staff are currently managing more than 346 cases and their contacts (January 21<sup>st</sup>) of COVID-19 infection. That number of active cases changes daily so by the time you consider this report at the Board meeting, the number will be different. Key points for case and contact management and investigation over the past month include:

- Second wave cases continued to increase over the past month
- Case investigators dealt with an approximate average of 39 cases per day with a high of 75 cases on January 1<sup>st</sup>
- Outbreaks in health care

- 17 outbreaks in long term care homes and retirement homes during this period
- 2 of major significance
  - Maple Manor 87 resident cases, 51 staff cases, 17 deaths
  - People Care in Tavistock, 41 resident cases, 37 staff and 10 deaths
- The current vaccination efforts of staff and residents in LTCHs should impact the number of COVID-19 outbreaks going forward
- Outbreaks also occurred in workplaces, group homes
- Recruitment and training of new case and contact investigators during this period was a priority for the team
- Implementation of Virtual Assistant (an automated case and contact management tool) is ongoing. This will help with case and contact management capacity issues
- LTCHs are now on a system set up via Ontario Health West and PaLM lab so that their respiratory swabs are sent directly to the lab via their courier eliminating the need for SWPH staff to arrange pick up and delivery

Dates	New Cases
December 14-20	116
December 28-January 3	318
January 4-10	265
January 11-17	204
Total (Dec 14-January 17)	903

### School Health Update

The end of December saw an increase in the number of school cases including several outbreaks. In many of the cases over the holidays, individuals were tested late, and this resulted in school cases being announced right up until the end of December even though the last day of in person learning was December 18<sup>th</sup>. A school case is defined as any case of COVID -19 where the individual attended a school facility while infectious.

On January 20<sup>th</sup>, the province announced that schools in the SWPH region will not be opening to in-person learning. It is currently our understanding at the present time, that the schools in the area will remain closed for in-person education until February 11<sup>th</sup> at the earliest. Virtual learning will continue, however.

While schools have been closed for in-person learning, the school team has been training and supporting case and contact management. The team is also working in partnership with Middlesex London Health Unit and local school boards and private schools on new tools to support the schools when they re-open. These tools include reviewing all materials for literacy levels, tools to be more transparent in the risk determination for school staff and additional supports for schools that are in Outbreak.

### Enforcement update for the BOH

- Class section 22 order - Isolation

SWPH continues to enforce the section 22 class order re: Isolation. From December 22<sup>nd</sup> to date, there has not been a charge laid under this order, however, there have been visits to homes, and warning letters referencing the order along with public education.

- Reopening Ontario Act

SWPH is beginning to enforce under the Reopening Ontario Act (ROA) and we are currently focused on the premises routinely inspected by public health. SWPH Public Health Inspectors (as Provincial Offences Officers) are in communication with other enforcement agencies, by-law, and police, to create messaging around the commitment to enforce under the ROA. We are also currently looking at our role in workplaces, in collaboration with the Ministry of Labour. SWPH is meeting bi-weekly with the Alcohol Gaming Commission of Ontario (AGCO) to assess how we can support each other as our authority varies dependent on the type of business. SWPH is supporting the AGCO with some of the legislative interpretation around the requirements of businesses under the ROA.

### ***COVID Mass Vaccination Update***

SWPH has responsibility with respect to the rollout of the COVID-19 Mass Vaccination Program in our jurisdiction. SWPH, together with our partners, will strive to achieve the mission laid out by Retired General Hillier and the Ministry of Health team: ***By September 2021 – we will vaccinate all residents of SWPH's regions who want and can have the COVID-19 vaccination.***

SWPH has a long history of partnering with local municipalities, community agencies, health and social services, schools and local Boards of Education, and other local partners to ensure the health of the residents of [Oxford County](#), [Elgin County](#), and the [City of St. Thomas](#). We will continue to build upon our strong partnerships to execute our COVID – 19 vaccination mission.

Throughout our mass vaccination response, SWPH will:

- Be guided by the Province of Ontario's [Ethical Framework for COVID-19 vaccine distribution](#).
- Align our plan with the Province of Ontario's key directions including:
  - o Prioritization of populations for vaccine administration
  - o Leveraging all available local/regional/provincial partnerships, capacities, and resources
  - o High level methods and approaches
  - o Allocation of doses (based on availability from the federal and provincial government and local realities)
  - o Introduction of new approved vaccines

As an initial step to our SWPH response to the province of Ontario's Phase One of the COVID19 mass vaccination plan, a team of dedicated staff have begun administering first doses of vaccine to the priority residents of our regions long term care homes. With currently scheduled LTC homes to be completed during the week of January 25<sup>th</sup>, our staff will pivot to vaccinating residents at high-risk retirement homes in our area. SWPH is on target to not only meet but exceed the provincial target of

having all eligible residents of long-term care homes and high-risk retirement homes completed by February 15, 2021.

### 2.1.2 Information

#### ***Communications***

The emphasis of the work completed by the Communications Team over the past month has been three-fold: emphasizing the responsibilities of workplaces and employees in reducing the spread of COVID-19 using direct mail, radio and social media, maintaining existing communications channels (including heavy monitoring and moderation), and preparing a comprehensive COVID-19 Vaccine Communications Strategy.

The Declaration of State of Emergency and subsequent Stay at Home Orders issued in early January also required a significant communications response as many members of the public had questions and concerns about how the Order would impact them personally, particularly in terms of travel, childcare and eldercare.

Finally, work is nearly complete on a new media relations strategy that will see Dr. Lock offering regular weekly media briefings using MS Teams. This will hopefully give local media outlets a predictable date, time and place for significant updates.

### 2.1.3 Logistics

SWPH purchased an additional ultra-low temperature freezer for the Woodstock site. This particular freezer is extremely important for vaccine management as the capacity of this freezer will hold temperatures as low as -86 degrees Celsius. The Ministry of Health has approved an additional freezer for the Woodstock site that will store vaccine at -20 degree Celsius. The St. Thomas site also received a low temperature freezer on January 21<sup>st</sup> and expects alarm monitoring and calibration work to start the week of January 25<sup>th</sup>. Once it is confirmed that the freezer is stable and operating consistently, it will be ready to receive vaccine. This is all in an effort to be ready to receive vaccine the moment it is available to us.

Logistics has developed a contingency plan for end user hardware availability. With several hires over the past month, and more to come, there is a possibility of a computer shortage given global supply issues.

#### **MOTION: 2021-BOH-0204-5.1**

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for February 4, 2021.



# MOH REPORT

Open Session

**MEETING DATE:** February 4, 2021

**SUBMITTED BY:** Dr. Joyce Lock, MOH (written as of 12:00noon, January 27, 2021)

**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 #** 2021-BOH-0204-5.2

**1) Provincial Updates (Receive and File):**

**1.1 Coronavirus COVID-19 (Receive and File):**

**CURRENT STATE**

On December 26<sup>th</sup>, 2020, Ontario's province-wide lockdown came into effect, shuttering non-essential businesses and prohibiting in-person dining at bars and restaurants, measures deemed a necessary response to rising numbers and grim forecasts of a second wave of COVID-19. In the subsequent weeks, doubling case numbers, mounting concerns from a strained health system, alarming and ongoing outbreaks in Long-term Care Homes (LTCHs) and Retirement Homes (RHs), and a growing sense of unchecked community transmission despite provincial lockdown measures resulted in the declaration of a [second provincial emergency](#) on January 12<sup>th</sup>, 2021 under the *Emergency Management and Civil Protection Act* ([EMPCA](#)). The current emergency orders (in place until at least February 11<sup>th</sup>, 2021), with notable measures such as the [Stay-at-Home Order, effective January 14<sup>th</sup>](#), function as a circuit breaker, intended to interrupt the chain of infection and community transmission that have resulted in record-breaking [provincial case numbers](#). The goal, as Ontario Chief Medical Officer of Health Dr. David Williams, has indicated, is a decline in daily case numbers down to the [1,000 mark](#).

An [environmental scan published in December](#) by Public Health Ontario on the efficacy of lockdown measures in mitigating the resurgence of Covid-19 in countries throughout the world show that case numbers did not start to decline until two weeks after the initiation of lockdown measures. Moreover, with countries that ordered the shortest period of lockdown measures (of 2 weeks only), declines in deaths, hospitalizations, and case incidence numbers unfortunately returned to pre-lockdown rates in slightly over a month. In effect, shorter-term lockdown measures appear to be an ineffective strategy in checking COVID-19 transmission.

As of January 26<sup>th</sup>, 2021, [Southwestern Public Health](#) (SWPH) has a cumulative confirmed case count of 2,234 residents who have tested positive for Covid-19. Of that number, 230 are active and 55 are deceased (49 since November), with roughly one-third of our region's total number of LTCHs and RHs in active outbreak. Based on the most current metrics from January 17<sup>th</sup> to January 23<sup>rd</sup>, the weekly incidence rate is 43.5 per 100,000 (from highs of 117.7 per 100,000), while our weekly percent positivity is 2.44% (significantly lower from a high of more than 6% in early January). Numbers at Southwestern Public Health are gradually declining, and now is the time to take advantage of the breathing room this second declaration of emergency has created to survey and prepare for the challenges to our pandemic response in the coming year.

#### COVID-19 VARIANTS OF CONCERN (VOC)

In December, when news of a [new coronavirus variant](#) was identified in the United Kingdom, the resultant unease over its transmissibility was compounded by the subsequent identification of 2 additional Covid-19 variants of concern (VOCs) – one initially detected in Brazil, the other in South Africa. The three VOCs carry a greater rate of transmissibility (up to 70% more infectious), and [active risk assessments performed by the European Centre for Disease Prevention and Control \(ECDC\)](#) have subsequently connected them to higher mortality rates, increased hospitalizations and pressure on the healthcare system, as well as increased incidences wherever the variants circulate. Of equal concern and identified in a [recent study of the South African variant](#), is the possible reduction of vaccine effectiveness as the study finds that the virus 'escapes' both therapeutic and convalescent antibody response.

The nature of Moderna and Pfizer BioNTech mRNA vaccines is to train the immune system to attack several different regions of the virus. The appearance of these mutations might thereby prolong a mass immunization response if the vaccine itself requires regular readjustment and repeated administration, similar to the yearly re-design and administration of the flu vaccine. On a more optimistic note, the VOCs do not appear to increase the severity of the disease. But until we learn more, our provincial and local response lies in reducing transmission via the Stay-at-Home Order, developing screening and testing protocols to rapidly identify and contain variant spread, and implementing intensified case and contact measures such as extending the isolation duration for cases and close contacts as well as identifying close contacts as quickly as possible.

#### COVID-19 VACCINE PLANNING AND DISTRIBUTION

On January 25th, in partnership with LHSC, Oxford County EMS, Medavie EMS, and area LTCHs, Southwestern Public Health successfully completed all first-dose vaccinations in LTCH residents



in our region. This is a tremendous accomplishment for everyone involved and we look forward to providing more success stories in the coming months. Indeed, we have now begun administering first doses in residents of identified high-risk retirement homes.

Of significant note, however, is the province's January 25<sup>th</sup> announcement of [Pfizer-BioNTech's manufacturing and shipment delays](#), necessitating considerable adjustments to every health unit's vaccination plan. As there is no additional Pfizer vaccine anticipated until the week of February 1<sup>st</sup>, 2021 (wherein the amount of anticipated product for February is reduced as well), the province has provided further prioritizations and guidance for the administration of the vaccine currently on hand throughout the province. At this time, all first doses must be prioritized for residents of long-term care, high-risk retirement, and First Nations elder care homes. The target date for delivering first doses to these identified priority groups is February 5<sup>th</sup> and SWPH anticipates completing this goal before the end of January.

As SWPH's Medical Officer of Health (MOH), I continue to work closely with the staff and MOHs from Middlesex-London Health Unit (MLHU), Huron Perth Public Health (HPPH), and leads from London Health Sciences Centre (LHSC), sitting on a inter-regional COVID-19 Vaccine Prioritization Advisory Committee to help inform [ethical, equitable, and transparent decision-making](#) regarding further regional vaccine prioritization as needed.

#### SWPH COVID-19 VACCINE PLANNING

At our regional level, SWPH's Mass Immunization Plan was submitted on January 20<sup>th</sup> to General Rick Hillier for review. It is a comprehensive outline of our local mass immunization strategy and we look forward to sharing the plan with our system partners once final assessments are complete. The intent of the document is to plan, prepare, and involve our regional municipal and health system partners in the Phase 2 [mass delivery of vaccines](#) when supplies flow in more steadily.

The HS-EOC held its most recent meeting on January 8<sup>th</sup>, in which SWPH provided updates regarding its local mass immunization plans. We will soon convene a regional Covid-19 Vaccine Advisory Committee (SWPH-CVAC) to provide advice and support in the planning, resourcing, and coordination of the mass immunization clinics that will occur in Elgin, Oxford, and the City of St. Thomas. The membership will be multi-sectoral and will likely adjust and expand as needed. Currently, group membership will consist of representatives from the hospitals, primary care, paramedicine, Community Health Centres, Home and Community Care, Pharmacies, Ontario Health, and CEMCs.

#### CONCLUSION

There is much to reflect upon over the past 12 months. January 25<sup>th</sup>, 2021 marks one year since the [first COVID-19 case was reported in Ontario](#). January 25<sup>th</sup> also marks the successful completion of administering the first dose of Covid-19 vaccines to all of our area LTCH residents by our dedicated SWPH staff. We look forward to the completion of the second round of immunizations of our most vulnerable populations as we also work on planning for regional mass immunization clinics when vaccine supplies increase as expected. Throughout these



efforts, it is important to note that we must continue to follow public health measures in order to protect the people in our community who have yet to receive the vaccine, especially since [we currently lack the data](#) to verify the duration of protection Covid-19 vaccines provide, nor can we confirm that vaccines prevent the asymptomatic infection or transmission of the virus.

The ongoing fight against this pandemic is greater than any one individual can undertake. But it is through our community of individuals working together that we will emerge even more resilient and connected with each other. With that in mind, I urge our communities to continue adhering to general public health measures, to follow the Stay-at-Home Order, and to reduce our non-essential travel and gatherings at public and private events. By continuing our efforts in supporting proven mitigation strategies, we will see declining rates that will allow us to reopen our schools, our businesses, and our communities:

- Follow the [rules during the provincewide declaration of emergency](#)
- [Stay at Home](#) until the provincial order is lifted
- Stay home if you experience [signs of any illness](#)
- [Get tested if you think you have even one symptom \(and self-isolate until you receive results\)](#)
- [Practice physical distancing](#) when away from home (6 ft away)
- [Wear a face covering to protect others](#) (face coverings **do not** replace physical distancing).
- Wash hands often and well
- Use hand sanitizer (+60% alcohol) when soap and water are unavailable
- Clean high touch surfaces
- Share [credible regional information on COVID-19](#)
- Learn more about the [safety of Covid-19 vaccines and the province's vaccine program](#)
- Download the COVID-19 Alert App: <https://www.ontario.ca/covidalert>

**MOTION: 2021-BOH-0204-5.2**

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for February 4, 2021.