



February 4, 2021
Board of Health Meeting
Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, February 4, 2021 virtually through MS Teams commencing at 3:00 p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	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
Mr. D. Warden	Board Member
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. W. Lee	Administrative Assistant

GUESTS:

Ms. M. Cornwell	Manager, Communications
Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance and Facilities (CFO)
Mr. D. Smith	Program Director
Ms. C. Walker	Program Director
Mr. I. McCallum	St. Thomas Times Journal
Mr. G. Colgan	Woodstock Sentinel-Review
Mr. R. Perry	Aylmer Express
Mr. Z. Jinah	CTV Kitchener

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

L. Martin, Board Chair welcomed newest Board member T. Comiskey to the Board of Health.

L. Martin notes that T. Comiskey will replace S. Talbot's position on the Governance Committee.

1.2 AGENDA

Resolution # (2021-BOH-0204-1.2)

Moved by D. Warden

Seconded by L. Baldwin-Sands

That the updated agenda for the Southwestern Public Health Board of Health meeting for February 4, 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.

2.0 APPROVAL OF MINUTES

Resolution # (2021-BOH-0204-2.1A)

Moved by D. Warden

Seconded by G. Jones

That the minutes for the Southwestern Public Health Board of Health meeting for January 7, 2021 be approved.

Carried.

Resolution # (2021-BOH-0204-2.1B)

Moved by S. Molnar

Seconded by J. Preston

That the minutes for the Southwestern Public Health Board of Health meeting for January 19, 2021 be approved.

Carried.

3.0 CONSENT AGENDA

Resolution # (2021-BOH-0204-3.0)

Moved by T. Marks

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health receive and file consent agenda item 3.1.

Carried.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No items for correspondence.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Chief Executive Officer's Report

C. St. John reviewed her report.

C. St. John notes the SWPH Covid-19 dashboard for case reporting as it compares to the provincial website and perceived discrepancies. Discrepancies will continue because the provincial website extracts data directly from the Case and Contact Management (CCM) database at 3pm each day, possibly reporting on lab results that have not been investigated and validated by SWPH.

C. St. John notes in her report on operations that SWPH continues to operate under the IMS emergency structure and is likely to continue for the balance of the year, recognizing its importance in providing structure in terms of roles, responsibilities, and communications as we continue our emergency response to this pandemic.

C. St. John references the Infection Prevention and Control (IPAC) Hub and the expenditure and dissemination of monies.

The Community Support Task Force, comprised of the Call Centre and the Content Table, remains very busy. C. St. John notes the types of questions and calls are indications of new and ongoing concerns in our community.

C. St. John notes in the school health update that SWPH is pleased to note that children have returned to school, a new update since the writing of her report.

C. St. John notes that SWPH has narrowed its public health priorities to mass immunization readiness and completion, and operations work regarding case and contact management around schools and IPAC work. It is noted that the mass immunization of the public will be the single largest vaccination effort undertaken by public health. On that same note, C. St. John notes that public health is well-positioned to lead this initiative given its experience running vaccination clinics, acknowledging its engagement with local community partners. SWPH will look to stand-up 2 semi-permanent clinic sites as well as other modalities that will take into account rural areas in our region.

L. Rowden notes his concern over the expected influx of a large amount of vaccine within a very short time and asks if SWPH has the capability to deliver the expected number of doses by September. C. St. John acknowledges the current shortage of vaccines and the priority population of long-term care and high-risk retirement homes. SWPH will be ready when more vaccines arrive as other healthcare partners such as pharmacists and primary care providers will be involved in this effort.

S. Molnar offers his appreciation of SWPH's content table, communications team, and leadership team (C. St. John and Dr. Lock). S. Molnar shares that while SWPH's dashboard shows cumulative institutional outbreaks, staff communication of the weekly breakdown of data in his region, especially with regards to Maple Manor, has been helpful for his community in understanding the presence of Covid-19 in the area.

S. Molnar notes the issue of vaccine hesitancy and asks the leadership team and community influencers to work on communications to the public when their turn comes. C. St. John agrees that this is a very important issue and that SWPH is working on this currently.

J. Preston notes that other jurisdictions, citing examples in the United States, offer mobile drive-through options that could be considered for the mass immunization effort, offering support if needed.

Resolution # (2021-BOH-0204-5.1)

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 February 4, 2021.

Carried.

5.2 Medical Officer of Health's Report for February 2021

Dr. Lock reviewed her report.

In terms of the current state, SWPH numbers have been coming down from the writing of the report on January 26th (10 days ago). We are heading in the right direction, but there is still a way to go to lower our numbers and we will continue to work through all avenues to help our community in doing so and allow an easement in provincial restrictions.

Dr. Lock notes that the return of students to school is heartening, even in light of the concern over the impact on case numbers. Dr. Lock notes that the Council of the Medical Officers of Health (COMOH) submitted a joint letter to the Ministry of Education supporting the opening of schools, pointing out that it is the home environment, not schools, which figure as a big mixing

pot for the infection. Dr. Lock stresses the importance that parents continue to actively screen their children to ensure they do not bring the infection from home into the school.

Dr. Lock raises the issue of Variants of Concern (VOCs) which are the coronavirus which have mutations which change their transmissibility and severity and also impact how well the current vaccines in circulation are able to boost the body's immunity. Dr. Lock notes that the province will report soon on how much of the VOCs are circulating in the province, noting that the B117 variety is circulating in the Simcoe-Muskoka area with its recent long-term care outbreak. There is also concern about the non-epidemiologically-linked South African variant that was detected in the Peel region. All public health units are on high alert and will be engaged in enhanced case and contact management in their areas. In SWPH, possible cases will be contacted more frequently, and positive/probable cases as well as their family members will be directed to stay at home. Dr. Lock notes discussions continue on how to manage schools in relation to VOCs. SWPH will also consider the role of rapid testing in schools and how it may be best used.

Dr. Lock notes SWPH will be finishing the second doses of vaccine to Long-term Care and high-risk Retirement staff and residents. The next priority group will be retirement homes, congregate living settings for seniors, and seniors in home and community care.

Dr. Lock notes she continues to work with planning committees at the provincial and regional level regarding the eligibility sequencing of priority populations, noting the ongoing challenges of this rollout. Currently, SWPH continues to work with MLHU and HPPH to ensure vaccines are administered in a regionally equitable and fair manner. Public health also awaits further information about how pharmacies and physicians will be involved in the rollout. Dr. Lock points out that key outcomes that these planning tables consider are the mitigation of death and hospitalizations (which have occurred most frequently in the elderly and those with lower socio-economic status).

S. Molnar mentions the most recent technical briefing from the province, citing the doses delivered per region, and asks if SWPH has a breakdown of the targeted doses. Dr. Lock responds that the data is entered in the Covax system. At the moment, privacy issues remain, but are hopeful that more data and reporting will be provided from the Covax system. S. Molnar notes that this future information would be useful.

D. Mayberry notes to Dr. Lock that there are other regions in the province that are suffering more than the SWPH area, asking if it makes more sense to deliver more vaccines to higher-risk areas. Dr. Lock notes that the drivers of hospitalizations and death are age and socio-economic status, and in the Oxford and Elgin region the median age is higher and the median income is lower. Thus, in many ways, SWPH would be eligible on those key points.

D. Mayberry asks how much of a factor does the amount of infected people in the area play in terms of allotting vaccine. Dr. Lock notes this question is one being considered at the provincial level, but also notes that from a prevention point of view, where vaccine is a health promotion intervention, it is most effective when given to those who are still healthy (more so than when

administered in the middle of an outbreak). There may be geographic adjustments that occur but many other factors would be considered.

L. Rowden points to the factor of sending patients out to ICU beds from hotspot areas such as Windsor. Dr. Lock notes that hospitalization is not considered a significant factor in terms of vaccine allocation. What is more important and impactful is to vaccinate the elderly and those in vulnerable neighbourhoods as a means to keep people out of hospitals.

Resolution # (2021-BOH-0204-5.2)

Moved by L. Baldwin-Sands

Seconded by L. Rowden

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

Carried.

6.0 NEW BUSINESS/OTHER

None at this time.

7.0 TO CLOSED SESSION

Resolution # (2021-BOH-0204-C7)

Moved by D. Warden

Seconded by D. Mayberry

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-0204-C8)

Moved by D. Mayberry

Seconded by J. Preston

That the Board of Health rise with a report.

Carried.

Resolution # (2021-BOH-0204-C2.0)

Moved by D. Warden

Seconded by J. Preston

That the Board of Health for Southwestern Public Health receive and file consent agenda items 2.1 – 2.2.

Carried.

Resolution # (2021-BOH-0204-C3.1)

Moved by D. Mayberry

Seconded by S. Molnar

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

Carried.

10.0 ADJOURNMENT

Resolution # (2021-BOH-0204-10)

Moved by L. Baldwin-Sands

Seconded by S. Molnar

That the meeting adjourns at 4:18pm to meet again at the call of the chair.

Carried.

Confirmed: _____

