



Board of Health Meeting
MS Teams Electronic Participation
Thursday, May 6, 2021
3:00pm

AGENDA			
Item	Agenda Item	Lead	Expected Outcome
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> April 1, 2021 	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	Permanent Paid Sick Days for Ontario Workers January 25, 2021 – Peggy Sattler MPP <i>Summary: This letter urges SWPH to support advocacy efforts by public health experts, municipal leaders and workers' advocates across Ontario for paid sick days to limit the spread of COVID-19.</i>	Peter Heywood	Receive and File
3.2	Concern re: Lack of Provincial Representation on Board of Health March 3, 2021 – Peterborough Public Health <i>Summary: The Board of Health expressed concern regarding the lack of provincial representation on their board. They noted that the absence has created a lack of board capacity and impairs the board from comprehensively fulfilling its governance responsibilities.</i>	Larry Martin	Receive and File
3.3	Basic Income for Income Security during COVID-19 Pandemic and Beyond April 26, 2021 – County of Lambton <i>Summary: The letter expresses support for income solutions to reduce food insecurity, given income is one of the strongest predictors of health.</i>	Peter Heywood	Receive and File
3.4	Correspondence from Grey Bruce re: SW OH/LHIN activities March 24, 2021 – Grey Bruce Health Unit <i>Summary: This letter expresses thanks for the actions taken by the SW OH/LHIN to direct the Leads of the group to immediately ease and desist their activities that effect the health unit's pandemic response.</i>	Larry Martin	Receive and File

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

4.1	Provincial Employment Standards Reform for Provision of Paid Sick Days March 1, 2021 – Simcoe Muskoka District Health Unit <i>Summary: This letter urges the province to update the Employment Standards Act, 2000 to include paid sick days for all workers.</i>	Peter Heywood	Decision
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5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION

5.1	Chief Executive Officer's Report for May 2021	Cynthia St. John	Acceptance
5.2	Medical Officer of Health's Report for May 2021	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, May 6, 2021	Larry Martin	Decision
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10.0 ADJOURNMENT

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 Queen's Park, Toronto, ON, M7A 1A5
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Peggy Sattler MPP London West

Dr. Joyce Lock, Medical Officer of Health
 Mr. Larry Martin, Chair
 Southwestern Public Health Board of Health

January 25, 2021

Dear Dr. Lock, Mr. Martin and Members of the Board of Health:

Recent months have seen a growing chorus of calls from public health experts, municipal leaders and workers' advocates across Ontario for paid sick days to help limit the spread of COVID-19. As MPP for London West, I am writing to let you know about the Private Member's Bill I introduced in the Ontario Legislature on December 8, 2020, the *Stay Home If You Are Sick Act*, which will provide permanent paid sick days for Ontario workers during the pandemic and beyond. This legislation, Bill 239, can be accessed here: www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-239.

The pandemic has highlighted the urgent need for access to paid sick days for Ontario workers. Workplaces are now the second-most common site of COVID-19 transmission, but many workers, especially if they are low-wage, do not have the choice to miss work because they cannot afford to give up their pay. The workers who are least likely to have paid sick days often work in occupations or sectors that are at high risk of COVID-19. Without access to paid sick days, these workers are forced to choose between paying the bills and providing for their families, or losing their income to protect their co-workers, customers and communities.

Bill 239 prevents Ontario workers from having to risk their own financial security in order to follow public health advice. The bill amends the *Employments Standards Act* to provide up to 14 days of paid Infectious Disease Emergency Leave and up to seven days of paid Personal Emergency Leave for illness, injury, bereavement, or family care, and eliminates the requirement for a doctor's note. The bill also calls for the establishment of a financial support program to help employers experiencing hardship with the cost of delivering Infectious Disease Emergency Leave and to transition to the implementation of regular paid sick days. The bill will fill in some of the gaps of the temporary Canada Recovery Sickness Benefit, which excludes many workers and does not protect against the immediate loss of income that makes it impossible for so many workers to stay home if they are sick.

I respectfully request that the Southwestern Public Health Board of Health review this letter at your next Board meeting, and ask for your support in principle for Bill 239. The bill draws on the expertise and research of health care professionals from the Decent Work and Health Network, and has been endorsed by the Ontario Federation of Labour and the Ontario Chamber of Commerce. It will be debated at second reading after the Ontario Legislature resumes on February 16, 2021. Your endorsement would further demonstrate the breadth of support for paid sick days across Ontario, and help advance this important health equity measure and essential public health policy to reduce the spread of COVID-19 and other infectious diseases.

Thank you for your consideration. Please don't hesitate to let me know if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Sattler".

Peggy Sattler, MPP
 London West



March 3, 2021

Honourable Christine Elliott
Deputy Premier and Minister of Health
christine.elliott@pc.ola.org

Dear Minister Elliott,

The Board of Health (BOH) for Peterborough Public Health (PPH) is committed to its legislated mandate to protect and promote the health of our communities and residents. We are very proud of our legacy of community health protection, which dates back over 130 years to 1889, when the Town of Peterborough passed a By-law to appoint its first board of health. For much of that time, we have had representation from two First Nations, Curve Lake and Hiawatha, firmly embedded within our governance structure. When the Health Protection and Promotion Act (HPPA) was proclaimed in 1990, our municipal and First Nation councils utilized Section 50 of the HPPA to formalize our relationships.

More specifically, our BOH is composed of 8 representatives of our locally elected councils: one from Curve Lake FN, one from Hiawatha FN, three from the County of Peterborough and three from the City of Peterborough. In addition, the Province appoints five members.

We are writing to you to express our urgent concern about the current lack of provincial representation on our board. Their absence has created a lack of board capacity and impairs the board from comprehensively fulfilling its governance responsibilities.

Peterborough board members, on behalf of the community and our funding partners, are charged with significant responsibilities. They engage with staff on key initiatives such as strategic planning, establishing the annual budget, tracking financial results and performance against planned targets, and ensuring we meet the regulatory mandates established by the Province.

In addition, board members serve on committees, which provide the board advice on key financial, performance and regulatory matters. Unique to Peterborough, our board has struck an Indigenous Health Advisory Circle to ensure the board is aware of and responsive to public health matters that are relevant to our Indigenous populations.

We believe boards of health work best when there is strong and effective representation from all the funders. Their perspectives help to make our public health agencies and services more responsive to local needs and provincial mandates. With the current COVID-19 pandemic, boards will play an important role in the regrouping and reprioritizing that will need to occur once herd immunity has been achieved and we can pick up where we left off in February 2020.

Over the past two years we have had several provincial appointees unsuccessfully apply for a renewal of their appointment and only one alternative appointment has been made. We are now down to only two provincial appointees, one who recently requested reappointment and whose term expires March 3rd. The other was a new member appointed for only a one-year term, due to end August 13, 2021. Should these positions not be

filled before the end of the terms and the current vacant positions filled, governance of Peterborough Public Health will be significantly compromised.

We urge you to allow the provincial appointment process to resume. We would welcome the reappointment of our two provincial members and also the addition of three provincial appointees to replenish what we have lost.

We also respectfully request that appointments be a minimum of two years (ideally three as was previously the norm), given the time and effort necessary to onboard these representatives. Longer terms will allow members to feel they have had adequate time to be oriented to their responsibilities, and will provide them with an opportunity to meaningfully engage in public health decisions for their community.

Thank you for your consideration.

Original signed by

Mayor Andy Mitchell
Chair, Board of Health

cc: Hon. Doug Ford, Premier of Ontario
Dr. David Williams, Ontario Chief Medical Officer of Health
Dave Smith, MPP Peterborough-Kawartha
David Piccini, MPP Northumberland-Peterborough South
Laurie Scott, MPP Haliburton-Kawartha Lakes-Brock
Association of Local Public Health Agencies
Ontario Boards of Health



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3.3

April 26, 2021

The Right Honourable Justin Trudeau, P.C., MP
Prime Minister of Canada
Office of the Prime Minister
80 Wellington Street Ottawa, ON K1A 0A2
Sent via email: justin.trudeau@parl.gc.ca

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance
Privy Council Office, Room 1000
80 Sparks Street Ottawa, ON K1A 0A3
Sent via email: chrystia.freeland@parl.gc.ca

Dear Prime Minister Trudeau and Deputy Prime Minister Freeland:

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

At its meeting held on February 3rd, 2021, Lambton County Council received correspondence to the federal government from the Thunder Bay District Health Unit dated November 20, 2020 with respect to using a basic income to address food security. This letter is intended to express our support for these efforts to provide income solutions to reduce food insecurity.

Income is one of the strongest predictors of health, and it makes sense that focusing on population health interventions to address socioeconomic factors will impact health outcomes far greater than individual focused interventions.

Prior to COVID-19, 8% of Lambton County residents reported moderate or severe food insecurity: experiencing actual issues with procuring an adequate quality or quantity of food, or worrying about the source of their food. Since COVID-19, this pre-existing issue has become more apparent and worrisome with Statistics Canada reporting an increase to 14.6% or 1 in 5 households. This increase was anticipated due to many individuals facing precarious employment, reduced hours of work, or loss of job altogether, coupled with increasing food prices.

Food insecurity is associated with significantly higher annual provincial health care costs; one study showed total health care costs were 49% and 121% higher among households experiencing moderate or severe food insecurity, respectively. People without consistent access to enough healthy food struggle to eat a nutritious diet,

putting them at increased risk of health problems such as chronic and infectious diseases, low birth weight pregnancies, and poor child growth and development. Undernourished children also do not perform as well at school academically, have difficulty concentrating in class, and have poorer psychosocial outcomes than those who are fortunate enough to eat a balanced diet.

Annual analysis of the local cost of a nutritious food basket has continued to illustrate how little money a family of four on a social assistance budget would have left to cover the costs of childcare, transportation, and other basic needs, after paying for shelter and healthy food.

As a result of the COVID-19 pandemic, we can anticipate the exacerbation of existing disparities, creating an even wider gap between those with opportunity and those without. Local concerns around homelessness, poverty, food insecurity, transportation, mental health and addictions, child and partner violence, and the needs of Indigenous people have been amplified.

Lambton County Council agrees that income solutions are an effective long-term response to the issues of income security, poverty, food insecurity, to improve overall community health and well-being.

Sincerely,



Kevin Marriott
Chair, County of Lambton Board of Health
Warden, County of Lambton

cc: The Hon. Doug Ford, Premier of Ontario
The Hon. Monte McNaughton, Minister of Labour, MPP, Lambton-Kent-Middlesex
The Hon. Bob Bailey, MPP, Sarnia-Lambton
Dr. David Williams, Chief Medical Officer of Health
The Hon. Lianne Rood, MP, Lambton-Kent-Middlesex
The Hon. Marilyn Gladu, MP, Sarnia-Lambton
Pegeen Walsh, Executive Director, Ontario Public Health Association
Association of Local Public Health Agencies
Ontario Boards of Health



March 24, 2021

Attn: Mr. Mark Walton, Mark B. Walton, CEO of West Region, Ontario Health
Address: 141 Weber Street South, Waterloo ON N2J 2A9
Via e-mail mark.walton@lhins.on.ca

Dear Mr. Walton,

Thank you for your letter dated March 01, 2021.

We appreciate your acknowledgement, in the February 9, 2021 meeting, of the legislative authority for the Board of Health under the *Health Protection and Promotion Act (HPPA)* and our role and mandate of managing the pandemic and saving lives. We appreciate your promise to direct the SW OH/LHIN Leads to immediately cease and desist their activities that affect our health unit's pandemic response and to dismantle/repurpose the Triad in Grey Bruce. We thank you for ending the incongruence with the unequivocal legislated authority of the Board of Health.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate and support all the health system partners, including the former LHIN Triad leads, in their regular capacity. In fact, one of the former LHIN leads sits on public health committees. It is our goal to promote a more meaningful collaboration with them in their regular capacity. To that end, we invite the former LHIN Leads and yourself to a meeting to explore how we can move forward and work together to best position our communities for success in weathering a potential surge or a third wave related to the COVID-19 pandemic.

We also appreciate that you expressed your willingness to foster and promote good relationship among partners in Grey Bruce. Promoting the above meeting to support our invitation to the four former LHIN Triad Leads, and your attending with them, would be very helpful in providing an appropriate means to move forward. Making a new start would translate into better service to residents and patients in Grey Bruce.

We thank you for the offer to join the three health units that participated in the South West LHIN/OH COVID-19 Triad structure. At this time, we see it best to remain one of the other 30 health units that did not participate. Our rationale for not participating remain consistent as outlined in our letters dated December 4, 2020 and January 25, 2021 (attached). However, once the COVID-19 pandemic is over, our Board will welcome such an offer and willingly participate in any discussions that looks towards a regionalized system.

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The Grey Bruce Health Unit was and continues to be an early adopter to the 2019 Provincial proposal for the regionalization/modernization of public health units. We look forward to the opportunity of resuming the Ministry of Health lead consultation and working with you and partners to establish whatever structure would maintain the best interest of residents and patients.

Sincerely,

A handwritten signature in cursive script that reads "Susan Paterson".

Ms. Sue Paterson, Chair
Board of Health for Grey Bruce Health Unit
101 17th Street East, Owen Sound, ON N4K 0A5
Phone: (519) 376-9420, Ext. 1241

CC:

Minister of Health, Hon. Christine Elliott
Chief Medical Officer of Health, Dr. David Williams
MPP Bill Walker for Bruce-Grey-Owen Sound
MPP Lisa Thompson for Huron-Perth
Warden for Grey, Warden Selwyn Hicks
Warden for Bruce, Warden Janice Jackson
All Boards of Health in Ontario
WOWC – Western Ontario Wardens' Caucus
AMO - Association of Municipalities of Ontario
Mr. Matthew Anderson, President and CEO, Ontario Health

December 4, 2020



Dear Members of the Boards of Health:

I write on behalf of the Board of Health for Grey Bruce Health Unit to bring to your attention an issue of deep concern to public health units in Ontario: the extra-legislative development of undefined regional initiatives that challenge and undermine the legal authority of local public health boards, and negatively affect their effectiveness in addressing community health needs..

Regionalization generally means “an organizational arrangement involving the creation of an intermediary administrative and governance structure to carry out functions or exercise authority previously assigned to either central or local structures” as defined by *Church et al* 1998 in their publication on the subject - *Regionalization Of Health Services In Canada: A Critical Perspective*. By definition, regionalization entails the shifting of responsibility for provision of health service from local boards to a regional agency.

Whether one supports or opposes regionalization in principle, it is certain that one of the most important factors in determining the success or failure of regionalization is conducting adequate and thorough consultation with local stakeholders. Throughout the processes of planning, implementation and evaluation, consultation is crucial. Furthermore, it is indispensable that such consultation is in place to address equity between urban and rural communities.

“Regionalization creep” affecting health units in Ontario is currently underway. The 2019 provincial proposal of Public Health regionalization (modernization/merger/amalgamation of health units) lead to a directive from the Ministry of Health to conduct consultations with all Boards and Medical Officers of Health to decide on important aspects of regionalization. In March this year, while still in the early stages of discussion, the Ministry rightly placed consultations on hold due to the COVID-19 emergency.

Nevertheless, while consultations were ostensibly placed on hold, regionalization has informally, surreptitiously and progressively advanced. Within eight weeks in March and April of 2020, regional communication channels and regional pre-reporting structures (precursors to merger and amalgamation) were imposed between the South West LHIN (a functionary of Ontario Health) and almost all health organizations in Grey Bruce. These include regional initiatives such as the Triad Table and Grey Bruce Crisis Response group that duplicate public health work, including collaboration already being performed by the Grey Bruce Health Unit and other agencies. These redundant initiatives confer no discernible benefit. In fact, they pose the serious threat of harm by creating uncertainty among healthcare partners; roles, responsibility, and authority during the emergency response are weakened by dilution and diffusion of responsibility.

Most importantly, the reporting structures imposed under some regional initiatives is incongruent with the legal chain of authority outlined in the *Health Protection and Promotion Act*, the legislative framework under which public health operates. Neither the South West LHIN nor Ontario Health has legal jurisdiction over the activities or within the sphere of authority granted to local health units. For example, some proposed activities in the SW LHIN regional model require a Medical Officer of Health to follow direction from a “Regional Pandemic Public Health Lead” (a position and authority that do not exist in the *Health Protection and Promotion Act* or at law). This undermines the authority of the local Board of Health.

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Furthermore, the creeping regionalization initiative countermands direction by the Ministry of Health Emergency Operations Centre and the Chief Medical Officer of Health. One example is the cap on the number of COVID-19 tests arbitrarily placed on Grey Bruce by the South West LHIN. At the same time, the Ministry of Health Emergency Operation Centre confirmed there were no caps on testing in place. The artificial LHIN cap resulted in the failure of the local system to meet the local health need in September. Approximately 30% of families in Grey Bruce did not have access to timely testing during the critical period of school reopening.

Although these regional channels, structures and initiatives were established under the slogan of “let’s collaborate to respond to the COVID emergency”, there are demonstrated negative consequences in the short-term. Potential harms grow when these artificial regional structures have no adequate checks and balances in place to meet the health need of the community in the long-term. A key underlying concern is that the development and design of these initiatives were not based on adequate and thorough consultation with local stakeholders, specifically Boards of Health. These activities were undertaken while the Board’s most pressing issue was our response to the pandemic emergency.

The Board of Health for the Grey Bruce Health Unit welcomes the opportunity to collaborate together with all the health system partners in a productive and professional manner. However, we differentiate collaboration from duplication, and from unilateral and potentially unlawful action. Ultra-legislative structures promoting and implementing unauthorized programs leads, in our view, to inter-agency and inter-jurisdictional encroachment upon the lawful mandate reserved to each Public Health Unit.

Our Board’s purpose in writing is twofold. First, to inform you about these developments in Grey and Bruce Counties, and second to raise the alarm that similar initiatives are likely to fall upon, or may be encroaching upon your own Health Unit. Our Board invites you to consider a collaborative dialogue to explore these serious concerns.

It is our Board’s hope that discussions will lead to awareness, planning and action to best position our organizations for success in continuing to address the health needs of our communities throughout the region and the province.

Sincerely,



Mitch Twolan, Chair
Board of Health for the Grey Bruce Health Unit

CC: Minister of Health
Chief Medical Officer of Health for Ontario
MPP Bill Walker
MPP Lisa Thompson
Bruce County Warden
Grey County Warden
CEO for Erie St. Clair, South West, Hamilton Niagara Haldimand Brant and Waterloo Wellington
LHINs and Regional Lead West, Ontario Health

January 25, 2021



Attention: Mr. Mark Walton, Mark B. Walton, CEO of West Region, Ontario Health
Address: 141 Weber Street South, Waterloo ON N2J 2A9
Via e-mail mark.walton@lhins.on.ca

Dear Mr. Walton,

Thank you for your letter dated December 24 2020.

We want to share the following facts with you, hoping to complete your knowledge about this matter.

The Board of Health's legal authority is a proxy to saving lives. We emphasize the need for Ontario Health OH/LHIN to respect this legislative authority under the *Health Protection and Promotion Act (HPPA)* to ensure our health unit can continue fulfilling its role and mandate of managing the pandemic and saving lives.

Your statement "As you know, there is no "playbook" for how to respond to a global pandemic" is incorrect and is the heart of the matter. In fact, there is a solid playbook for how to respond to a pandemic called "Public Health Protocols and Regulations" that are embedded in the *HPPA*. Although COVID-19 is a novel virus, the management of COVID-19 outbreaks is no different from the management of outbreaks of other Infectious Diseases - one of the [CORE COMPETENCIES FOR PUBLIC HEALTH IN CANADA](#). Emergency Management is another Core Competency that denotes public health's leadership role in management of pandemics. The management of a pandemic is not new for us. Annually, public health conducts a critical review of emergency protocols including emergency pandemic response planning with all relevant organizations in Grey Bruce and undertakes regular emergency table-top exercises.

Local public health in Ontario is well designed for emergency management with a single governing authority in our Boards of Health and single chain of command from the Chief Medical Officer of Health and the Ministry of Health who have knowledge and understanding of our sector. Having an added source of direction from SW OH/LHIN (without our sector background) has created confusion and contradiction with the provincial direction. One example of the contradiction is the SW OH/LHIN placing a cap on COVID-19 swabs for each health unit without any consultation with the Boards of Health and in opposition to the provincial direction. Advancing the SW OH/LHIN plans to create a regional structure puts the system in an awkward and duplicative position, while distorting lines of accountability.

Public health agencies are the experts in stopping the spread of infections and managing outbreaks, epidemics, and pandemics. We manage thousands of long-term care home outbreaks each year, prevent the spread of infection countless times in workplaces, and keep our public safe from communicable disease. It is an obvious and understandable challenge for a new agency like Ontario Health or newly dismantled agency like the LHIN, with many new hurdles to its core work during a pandemic, to try also to reinvent wheels and figure out how to do the basics of public health that the Boards of Health already master.

The lack of understanding of the basics of public health may explain the other example of the disconnected perspective in your statement "it is through collaborative models and behaviours such as those demonstrated by these system partners that we have been able to respond to the pandemic in a

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swift and expedient manner over the last 9 months". The data however reflects that the control of the first wave in April 2020 was directly related to the swift implementation of our Provincial Government's lockdown Orders based on Public Health recommendations. The SW OH/LHIN Regional Pandemic Plan initiatives you referenced took place after the control of the first wave. Where being used, in the parts of the SW, these initiatives appear to provide no control over the second wave.

Ontario Health OH/LHIN has expertise in organizing and managing the health care sector, which is very different and distinct from the public health sector. As we understand, a key role of OH during a pandemic is to expand hospital and ICU capacity to ensure our hospitals never have to turn away patients with COVID and non-COVID, such as delaying elective surgeries due to lack of capacity. Ontarians are best served when OH/LHIN remains focused on this crucial part of the pandemic response.

The label of collaboration is unfitting. The fact that the initiative was designed and started without input by the Grey Bruce Health Unit is not collaborative. Collaboration necessitates **two criteria (added benefit generated by the collaboration, and mutual agreement)**. Some aspects of the SW OH/LHIN Regional Pandemic Plan initiatives, specifically the ones related to managing the pandemic response in schools, congregate settings, and farms in Grey Bruce meet neither of these criteria. The SW Regional Pandemic Structure, directing local partners in Grey Bruce to work together, provides **no added benefit** as these partners have always worked together. Despite the Grey Bruce Health Unit emphatically stating that **we do not agree** on advancing the initiative, the SW OH/LHIN Leads did not offer but instead repeatedly demanded compliance with the SW Regional Pandemic Plan. We view such forceful conduct by the SW OH/LHIN Leads in Grey Bruce as the opposite of collaboration. To our knowledge, the majority of Medical Officers of Health in the SW share a similar perspective to ours.

Encroachments and negative effects on the Grey Bruce Health Unit's ability to manage the pandemic have already occurred. Advancing the "SW Regional Pandemic Plan" initiative - a comprehensive plan for SW regional restructuring - to change the public health system in middle of an emergency is deeply alarming and dangerous.

With the above in mind, we expect OH leadership to direct their SW OH/LHIN Leads to immediately cease and desist their activities that affect our health unit's pandemic response.

Sincerely,



Ms. Sue Paterson, Chair
Board of Health for Grey Bruce Health Unit
Grey Bruce Health Unit, 101 17th Street East, Owen Sound, ON N4K 0A5
Phone: (519) 376-9420, Ext. 1241

CC: Minister of Health, Hon. Christine Elliott
Chief Medical Officer of Health, Dr. David Williams
MPP Bill Walker for Bruce-Grey-Owen Sound
MPP Lisa Thompson for Huron-Perth
Warden for Grey, Warden Selwyn Hicks
Warden for Bruce, Warden Janice Jackson
All Boards of Health in Ontario
WOWC – Western Ontario Wardens' Caucus
AMO - Association of Municipalities of Ontario
Mr. Matthew Anderson, President and CEO, Ontario Health

March 1, 2021

The Honourable Doug Ford
Premier of Ontario
Legislative Bldg Rm 281
Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

Re: Provincial Employment Standards Reform for Provision of Paid Sick Days

The Board of Health for the Simcoe Muskoka District Health Unit is deeply concerned about the absence of paid sick leave standards for workers in the province. As a matter of public health, we urge your government to update the Employment Standards Act, 2000 to include paid sick days for all workers.

The COVID-19 pandemic has revealed the urgency of paid sick days for curbing the transmission of infectious disease and protecting public health. Legislated paid sick days would allow workers to receive full and uninterrupted income replacement, which is a primary concern for workers in low-wage and precarious employment. Accordingly, we urge your government to consider the following recommendations to contain the spread of infectious disease and protect public health:

1. Update employment standards to require employers to provide at least 7 days of paid emergency leave on a permanent basis.
2. Update employment standards to require employers to provide an additional 14 days of paid emergency leave during public health emergencies.
3. Provide the necessary funding, fiscal relief, and other supports necessary to employers to provide this as needed.

Workplaces with precarious jobs and lack of paid sick leave have become epicenters for COVID-19 infection transmission across the province, as manifested by outbreaks in long-term care homes, farms, food-processing plants, grocery stores, and warehouses. The gap in access to paid sick days and the accompanying burden of COVID-19 continue to disproportionately impact women, low wage and precarious workers, and racialized groups. This reality has been observed across Simcoe Muskoka communities.

Beyond an urgent need to redress these health inequities, the absence of paid sick leave significantly compromises our pandemic response. Our region has been relentless in its fight to contain COVID-19, and most recently, the highly transmissible UK variant. Unfortunately,

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concerns have been voiced in our communities that a lack of paid sick days might act as a disincentive for testing and contribute to employees with insufficient benefits presenting to work sick. COVID-19 outbreak investigations performed by our health unit have found employees going to work symptomatic, even when screening protocols were in place. This has been observed across all sectors, with income (or, lack thereof) appearing to be a common reason motivating such behaviours.

While Federal paid emergency leave is available through the Canada Recovery Sickness Benefit, the financial support it provides has not proven sufficient, and administrative barriers have precluded timely-enough access. Ultimately, workers without paid sick days are in the difficult position of needing to choose between going to work sick to support themselves and their families or staying at home to adhere to COVID-19 public health measures at considerable financial risk.

Staying home when sick is one of the most effective containment strategies not only for COVID-19, but for infectious diseases more broadly. A 2006 Public Health Agency of Canada report studying gastrointestinal illness shows that workers in high-risk settings — food handling, long-term care and childcare — will continue to work when ill when they cannot afford to take time off. A [2018 study](#) from Swiss Economic Institute's Stefan Pichler and Cornell University's Nicolas Ziebarth found that cities in the United States with paid sick days saw a 40% reduction in influenza rates during flu waves compared to cities without.¹

In addition, paid sick days support effective immunization uptake. [Evidence shows](#) paid sick days increase vaccination rates. Both workers with paid sick days and their children have higher vaccination rates against the flu, and better access to other preventive health services.² The same might hold for uptake of COVID-19 immunizations.

The gap in access to paid sick days is a longstanding matter of health inequity, which has been exacerbated by the COVID-19 pandemic. Adequate paid sick days policy in Ontario is urgent and required to protect public health, especially for those in low wage and precarious work who have been most impacted by COVID-19.

Thank you for reviewing this request and we look forward to hearing from you.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau, Chair
Simcoe Muskoka District Health Unit Board of Health

AD:cm

cc. Honourable Christine Elliott, Deputy Premier and Ontario Minister of Health
Honourable Monte McNaughton, Minister of Labour, Training and Skills Development
Members of Provincial Parliament for Simcoe and Muskoka
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health

References

¹ Pichler, Stefan and Nicolas R. Ziebarth. 2015. "The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Shirking Behavior." Upjohn Institute Working Paper 15-239. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research. <https://doi.org/10.17848/wp15-239>

² Decent Work & Health Network. 2020. *Before it's too late: How to close the paid sick days gap during COVID-19 and beyond*. Retrieved online from https://d3n8a8pro7vhmx.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN_BeforeItsTooLate.pdf?1604082294



CEO REPORT

Open Session

MEETING DATE: May 6, 2021

SUBMITTED BY: Cynthia St. John, CEO (written as of April 25, 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-0506-5.1

1) SWPH General Updates (Receive and File):

1.1 COVID-19 Response

1.1.1 Operations

Case and Contact Management

COVID Community and Core are continuing to follow-up cases and contacts of COVID-19 in households, schools, workplaces, communities, and institutions based on our internal Operations Surge Capacity framework. At the moment, we were experiencing caseloads of over 25 new cases/day (on average) over sustained periods of time and relying on our School Team to assist with case and contact monitoring. In some instances, cases were being asked to follow-up with their social contacts and ask them to self-isolate. To this end, we started work with the Provincial Workforce case management system to help in instances where our capacity is exceeded by case numbers.

We continue to manage ongoing outbreaks in schools, workplaces and institutional settings. We are noting that many cases seem to arise because of failure to properly screen symptomatic

employees before they report to duty. The Workplace Support Group will be examining this trend and developing a response. It has become our standard practice to refer complaints about breaches of the Re-opening Ontario Act to municipal bylaw and law enforcement personnel as appropriate. We no longer have the capacity to assist and do joint enforcement with our partners.

IPAC Hub Update

As part of the province's response to COVID-19, local networks of Infection Prevention and Control (IPAC) expertise (IPAC Hubs) were established across the health system to enhance IPAC practices in community community-based, congregate living organizations (CLOs). These organizations include long-term care homes, retirement homes, residential settings for adults and children, shelters, and supportive housing. Through these new province-wide networks, CLOs are able to access IPAC expertise, collaborative assistance and just-in-time advice, guidance, and direct support on IPAC practices.

Southwestern Public Health is the lead for the local IPAC Hub for the South West region, including satellite hubs in Huron-Perth, and Middlesex-London. Collectively the Hubs provide specialized IPAC guidance and support to congregate living organizations in the region, prioritizing those facilities currently in an outbreak. Other activities include developing a regional Community of Practice to support select institutional and congregate settings with outbreak prevention and control. Thus far, over 100 institutions have received advice and/or visit from a hub member to assess and support the implementation of their IPAC practices.

COVID Vaccination Update

Southwestern Public Health's Vaccine Branch continues to drive forward with the planning and delivery of multi-modality systems to ensure eligible individuals in our communities can access COVID19 vaccinations as quickly as possible. Eligibility is reviewed every week by a regional table and updates are posted on our website at <https://www.swpublichealth.ca/en/my-health/covid-19-vaccine-eligibility.aspx>. A milestone was celebrated on April 23rd when we reported that 50 000 residents who live in SWPH's region had received at least one dose of COVID19 vaccine with thousands more appointments booked in the coming weeks.

Our Mass Immunization Clinics (MICs) have continued to grow in capacity over the recent weeks with over 1300 doses per day being delivered through the St. Thomas and Woodstock channels. With the opening of SWPH's third Mass Immunization clinic (located in the Lions Auditorium at the Tillsonburg Community Centre – 45 Hardy Avenue, Tillsonburg) in partnership with Oxford County EMS and the Town of Tillsonburg on Tuesday, April 27th), capacity will increase to close to 1700 vaccines per day through MICs. Appointments can be booked online via www.covidvaccinelm.ca or by phone 226-289-3560 between 8:00am – 7:30pm, 7 days a week.

Southwestern Public Health's provincial designated "hotspot" community – the N5H postal code – remains a focus for our organization. In partnership with local East Elgin Family Health

Team (EEFHT) leadership, a pop-up clinic on May 6th for rostered eligible individuals (age 45 + and those with highest risk and high-risk health conditions) of the EEFHT is being planned. Two outreach clinics have been delivered with our mobile team to staff and cadets at the Ontario Police College, a site of previous COVID19 outbreaks, with one more in the future planned. Currently, eligible individuals from the N5H postal code are able book into any of SWPH's MICs to access vaccination at via appointment. Additional outreach that is culturally sensitive and culturally informed is being considered by SWPH for the priority populations in this "hotspot" area including Amish and Low German Speaking communities.

SWPH's mobile team remains committed to reaching priority groups, such as new residents in long term care homes, hospitals, or individuals receiving homecare who are unable to leave their home. Over 300 individuals have been reached over the last two weeks who would not have been otherwise able to access vaccination.

Vaccination opportunities in the community continue to expand with 29 local pharmacies now onboarded to deliver Astra-Zeneca COVID19 vaccinations to eligible individuals aged 40 and over and those with highest risk and high-risk health conditions. Participating pharmacies can be found here <https://covid-19.ontario.ca/vaccine-locations> with more to be expected in future days. SWPH continues to receive reports that demand for vaccinations at local pharmacies continues to outnumber incoming supplies of vaccines. As well, over a dozen Primary Care providers and groups have also been onboarded to deliver the Astra-Zeneca vaccines to their patients.

Over the next few weeks, SWPH will continue to ensure that vaccination of our community remains our number one priority in the fight against COVID19. Our teams remain energized by the overwhelming gratitude and positive feedback we have received thus far. We remain grateful for the strong partnerships that allow this work to push forward.

1.1.2 Information

Communications

Most of the team's work continues to support the pandemic response, and in particular the work of the mass immunization clinics. Traditional media, social media, radio, paid advertising, and an electronic newsletter with a readership of more than 2500 people are used weekly to distribute key messages around eligibility criteria, vaccine safety, and locations for accessing vaccines. Our social media engagement continues to be very high, and it requires a considerable amount of moderation. However, it reaches thousands of residents every day and often leads to appropriate and helpful action (sharing, booking appointments, registering, etc.).

In addition to the COVID-19 vaccine work, a small campaign was launched on Earth Day promoting the safe disposal of sharps that may be found in the community. Also, a short video series entitled "Five Ways to Well-Being," has been well received by community members and highly shared by community partners.

1.1.3 Planning

The Planning Section's work has been focused on three main objectives: operationalizing and designing strategies for mass immunization, ensuring sufficient and trained staff are available for each response area, and producing data-driven information products. For mass immunization, we participate in the development and implementation for the overarching vaccination strategy for SWPH – including stationary and mobile clinics. We have also been working with staff to ensure the mass immunization clinic processes are efficient and effective. Each week we support the operationalization of the regional vaccine priority decisions made jointly by SWPH, Middlesex-London Health Unit and Huron Perth Public Health through preregistration of individuals and groups that will soon be eligible for vaccination, registration of current eligible groups, and communication of current eligibility guidelines.

As part of our role in staffing the mass immunization clinics, we work with Human Resources to assign staff to shifts at each clinic site, recruit clinical and non-clinical staff, and develop future staffing plans and operational schedules for the stationary clinic sites. We also develop, refine and implement all the onboarding and training material needed to support staff and volunteers in their roles at the mass immunization clinics. The Planning Chiefs continue to lead the deployment process to address acute and long-term staffing needs across the organization as the response evolves.

Finally, the front-line staff in the Planning Section continue to gather, clean and analyze data to produce our COVID-19 dashboard. Recently, we added vaccine coverage data to the dashboard. Other information products, including presentations and graphics, continue to be produced to meet various stakeholders' data needs.

Looking ahead, the Planning Section will be devising overarching strategies for supporting community and organizational recovery from the COVID-19 pandemic. Currently we are reviewing models and frameworks that could effectively shape this work. As the work in this area moves forward, we will engage various internal and external stakeholders to flesh out the strategies.

2) Quarterly Board Meeting Evaluation (Receive and File):

Per Board policy, the Board is required to evaluate its meetings on a quarterly basis. Evaluation is a core element of public health work and the information obtained is used to improve the design and delivery of meetings, systems and processes. Results from each quarterly Board of Health meeting evaluation will be tabulated and shared with the Board.

Please [click here](#) to access the quarterly meeting evaluation form for May 2021. Board members are asked to complete this evaluation following the May 2021 Board meeting and no later than May 13, 2021.

3) Association of Local Public Health Agencies (alPHa) Annual General Meeting Invitation

The Association of Local Public Health Agencies (alPHa) Annual General Meeting is being held virtually on June 8th at 10:15am. Members of the Board are welcome to attend if you are interested. The notice of meeting for the 2021 alPHa AGM program is included in the package for review. For additional information, you can access the full conference details on the [website](#).

If you wish to attend, please let Amanda Koning know, and she will register you for the event.

MOTION: 2021-BOH-0506-5.1

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for May 6, 2021.



***Ontario's Public Health System
Challenges – Changes – Champions
Conference and AGM
June 8, 2021
Draft as of April 25, 2021***

Celebrating the Northwest – Pre-Conference Event Doug Lawrance, Chair, Board of Health, Northwestern Health Unit (NWHU) Gradyon Smith, President, Association of Municipalities of Ontario and Mayors from NW Ontario Dr. Kit Young Hoon, MOH, NWHU and Marilyn Herbacz, CEO, NWHU	8:00 am to 8:30 am
Call to Order, Greetings, and Land Acknowledgement Conference Chair, Trudy Sachowski and Margaret Froh, President, Metis Nation of Ontario Welcoming Remarks Minister of Health, (Canada) Hon. Patty Hajdu Minister of Health, (Ontario) Hon. Christine Elliott Minister of Energy, Northern Development and Mines and Minister of Indigenous Affairs, Hon. Greg Rickford Dr. Theresa Tam, Chief Public Health Officer of Canada	8:30 am to 8:45 am
Ontario Integrated Data Platform and Public Health Analytics Dr. Jane Philpott (invited)	8:45 am to 9:30 am
Public Health Ontario Update Colleen Geiger, President and Chief Executive Officer (acting); Chief, Strategy and Stakeholder Relations, Research, Information and Knowledge Dr. Brian Schwartz, Vice President Dr. Vanessa Allen, Chief, Microbiology and Laboratory Science Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer	9:30 am to 10:15 am
Fitness Break Return from the break at 10:25 am to join in a few minutes of active fun to recharge and refocus.	10:15 to 10:30 am
Combined alPHA Business Meeting and Resolutions Session AGM and Resolutions Chair: Carmen McGregor, alPHA President Parliamentarian: Dr. Robert Kyle, alPHA Past-President	10:30 am to 11:30 am

An Update from the Chief Medical Officer of Health Speaker: Dr. David Williams, Chief Medical Officer of Health (invited)	11:30 am to noon
Luncheon Speaker and Distinguished Service Awards Learning Health Systems Speaker and MC: Dean Steini Brown, Dalla Lana School of Public Health, University of Toronto The COVID-19 pandemic has made clear the enduring importance of timely and useful information that can be used to help guide decision-making and improve operations at every level of our public health system. The goal of a continuously learning, relentlessly improving system – or learning health system – has become a focus for health system funders, researchers, and policymakers. In this discussion we'll explore how close we are to a learning public health system in Ontario and what key changes could help realize fully the vision of such a system. Distinguished Service Award (DSA) is awarded by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.	Noon to 1:00 pm
Lunch Break	1:00 pm to 1:30 pm
Section Meetings Note: Members of the Board of Health Section and the Council of Ontario Medical Officers of Health meet separately. <i>Board of Health members are asked to stay with the Zoom webinar platform with the COMO members joining a separate meeting.</i>	1:30 pm to 4 pm



Draft AGENDA
Boards of Health Section Meeting
Tuesday, June 8, 2021 • 1:30 pm to 4 pm
Note: All times are Eastern Standard Time (EST)
Meeting is hosted via Zoom Webinar
CHAIR: Trudy Sachowski

- 1:30 pm **Call to Order**
Land Acknowledgement
Welcoming Remarks
Introductions
- 1:40 pm **COVID-19 Vaccine Distribution Task Force**

*Dr. Kieran Moore, Medical Officer of Health, KFL&A and
member of the COVID-19 Vaccine Distribution Task Force*
- 2:10 pm **AMO Update**

*Monika Turner, Director of Policy
Association of Municipalities of Ontario*
- 2:30 pm **Update from alPHA's Legal Counsel**

*James LeNoury
Principal, LeNoury Law*
- 3:00 pm **Post-Pandemic Communities**

*Antonio Gómez-Palacio
Partner, DIALOG*
- 3:20 pm **alPHA Update / Section Business**

*Trudy Sachowski, BOH Section Chair
Loretta Ryan, alPHA, Executive Director*

Approval of Minutes from February 20, 2020 BOH Section Meeting.
- 3:40 pm **Elections**



MOH REPORT

Open Session

MEETING DATE: May 6, 2021

SUBMITTED BY: Dr. Joyce Lock, MOH (written as of 12:00noon, April 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-0506-5.2

1) Coronavirus COVID-19 (Receive and File):

CURRENT STATE

As of April 26TH, 2021, [Southwestern Public Health](#) (SWPH) reported a cumulative confirmed case count of 3,360 residents who tested positive for Covid-19, of which 150 are active and 76 are deceased. From our most recent data set at the time of this report, dated April 15 – April 21, 2021, our metrics continue to place us in the high risk category, with a weekly incidence rate of 66.2/100,000, weekly incidence rate of 18.9/100,000 for non-epi linked cases, and a percent positivity of 3.2%. At a period in our Covid-19 response where we are ramping up our immunization efforts throughout the community and drawing heavily upon our staff and resources to support this rollout, I take this moment to applaud the ongoing excellence of our knowledgeable, dedicated, and thorough case and contact management team. Their exceptional contact tracing and quality data collection allows our epidemiologists to identify significant details such as how close contacts (i.e., family members and friends) account for 52.4% of our active cases, and how the percentage of workplace exposures (which have accounted for 12.6% of our cumulative case count) has risen and currently accounts for 15.5% of our active cases. Key information such as this allows us to quickly inform identified close contacts of the necessary public health measures to follow to avoid further transmission, to

predict and prepare for further vectors of infection, and to monitor for variants of concern in our community.

VARIANTS OF CONCERN AND PROVINCIAL MEASURES

Much work has been done and will continue to be done to better understand the [ever-aggregating data](#) regarding [variants of concern \(VOCs\)](#) in hopes of addressing their virulent spread. These VOCs are justifiably alarming for in every region where they are detected they rapidly become the dominant strain of coronavirus in that community, with resultant [record case rates](#) identified over a short period of time (as well as in contexts previously considered as low-risk). Overall, the VOCs have resulted in an increased risk of hospitalization, intensive care unit admission, or death throughout the province, severely impacting the healthcare system at large and individual health and recovery (with growing rates of infections and hospitalization for younger age groups between 10-59 years). The government of Ontario's issuance of a third provincial emergency and Stay-at-Home order on April 8th, 2021 in response to the grim resurgence of cases driven by VOCs is a necessary measure to disrupt identified modes of transmission, emphasizing the need for individuals to support one another by reducing all but essential travel, staying home, and limiting contact to household members. Even so, we recognize that individuals and communities are understandably struggling with Covid-fatigue, mental health issues, and economic insecurity. An emerging aspect of public health's role throughout the region will be in acknowledging these issues with sensitivity and respect while continuing to draw attention to how [fatigue and frustration may lead to complacency](#) towards proven public health measures.

SWPH IMMUNIZATION PLANNING AND OUTREACH

On April 23rd, 2021, SWPH reached an exciting and positive milestone in its Covid-19 vaccination campaign as 50,000 people in the region have now received at least one dose of Covid-19 vaccine. With our primary mass immunization clinics (MICs) increasing their capacity at Goff Hall in Woodstock and Memorial Arena in St. Thomas as well as opening a new clinic site in Tillsonburg, SWPH continues to explore, develop, and support other delivery channels that are able to reach the wide range of rural and urban areas in Oxford and Elgin County. It is through these various modalities that our relationships with local municipal and health system partners such as regional hospitals, mobile emergency services, Community Health Centres, long-term care homes, municipal partners, primary care, and pharmacies have proven to be vital as we work together to protect our population. While it will take time to vaccinate every person who wants the vaccine (as vaccine supply remains limited at the moment), we are taking advantage of this period to engage with primary care physicians and pharmacies, key health system partners in reaching hesitant and rural populations as well as a source of sustained vaccine delivery, to understand how we may facilitate and support their onboarding throughout our region.

COVID-19 VACCINES AND VACCINE ELIGIBILITY

Discussion and [guidance](#) continues to evolve at the provincial and regional level regarding vaccine eligibility as age-bands continue to drop and additional cohorts and high-risk groups continue to be added (most recently, high-risk conditions such as those who are pregnant, have intellectual or developmental disabilities, or have a BMI over 40). The introduction of AstraZeneca (AZ) into the province's vaccine supply has resulted in a rapid onboarding of pharmacies and physicians given the comparably fewer logistical and operational storage and delivery conditions.

[Health Canada](#) and the [National Advisory Committee on Immunization](#) (NACI) continue to monitor the safety of AZ (as well as the safety of all other approved Covid-19 vaccines) in light of its association with rare cases of serious blood clots, with additional guidance recently provided by the Ontario COVID-19 Science Advisory Table for [vaccine-induced prothrombotic immune thrombocytopenia](#) (VIPIT). Based on current findings, the benefits of the AstraZeneca vaccine (which has proven to be effective at reducing severe illness from COVID-19) outweigh the risk of rare, though serious, post-vaccine blood clots.

CONCLUSION

As we look toward warmer months and opportunities to be outdoors, I call on our weary but resilient community to continue following the Stay-at-Home orders to flatten the curve, adhere to public health measures, protect our over-burdened healthcare system, and be ready to sign up for their Covid-19 shot when eligibility opens up. We are nearing a breakthrough in our drawn-out Covid-19 battle, and every effort to follow public health measures while we ramp up our vaccination delivery throughout the province counts toward ensuring a safe and viable social and economic recovery. Remember, public health measures work:

- Adhere to the [provincewide declaration of emergency and Stay-at-Home order](#)
- [Get sector-specific resources](#) to prevent COVID-19 in the workplace.
- Stay home if you experience [signs of any illness](#)
- [Get tested if you think you have even one symptom \(and self-isolate until you receive results\)](#)
- If you are part of a household of a contact of a case (a contact of a contact), stay home for the duration of the contact's quarantine period
- Get the [Covid-19 vaccination shot](#); find out [when you are eligible](#) to receive it
- [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 or use hand sanitizer (+60% alcohol) when soap and water are unavailable
- 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-0506-5.2

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for May 6, 2021.