

**BRANT COUNTY BOARD OF HEALTH
REGULAR AGENDA
Wednesday, January 30, 2019, 9:30 a.m, Boardroom**

1. **CALL TO ORDER** *Chair Anderson*
 2. **CONFLICT OF INTEREST**
 3. **IN-CAMERA MEETING**
 4. **ADDITIONS TO AGENDA**
 5. **APPROVAL OF MINUTES**
 - 5.1 Brant County Board of Health Minutes of December 11, 2018 * *All*
 6. **FINANCIAL REPORT**
 - 6.1 Appointment of Auditors *Dr. J. Tober*
 - 6.2 Finance and Audit Committee Membership *Ms. Mills*
 7. **BUSINESS ARISING FROM PREVIOUS MINUTES**
 - 7.1 Report from the Chair *Chair*
 - 7.2 Report from the Medical Officer of Health * *Dr. M. Lock*
 - 7.3 Report from the Executive Director * *Dr. J. Tober*
 - 7.4 Food Safety Disclosure Report *No report*
 8. **NEW BUSINESS**
 - 8.1 alPHa Winter Symposium – February 21, 2019 *Dr. J. Tober*
 - 8.2 Provincial Appointee Re-Appointments *Chair Anderson*
 - 8.3 Board of Health Policies and Procedures Update ** *Dr. J. Tober*
 - 8.4 Program Standards Overview—Part 1 * *Ms. C. Rajsic*
- Motion to accept reports as presented.
9. **CORRESPONDENCE** (*Board members may request a copy of items that are not attached from Board of Health Secretary*)
 - 9.1 Correspondence from Kingston, Frontenac and Lennox & Addington Public Health, dated December 5, 2018, re cannabis retail locations.
 - 9.2 Correspondence from Timiskaming Health Unit, dated December 10, 2018, re Making Ontario Open for Business Act.
 - 9.3 Correspondence from Sunbury & Districts Public Health, dated December 7, 2018, re oral health program for low income adults and seniors.
 - 9.4 Correspondence from alPHa Update to Board of Health Members, dated December 19, 2018.
 - 9.5 Correspondence from Sudbury & Districts Public Health, dated December 21, 2018, re 2019 cost-shared operating budget.
 - 9.6 Correspondence from Peterborough Public Health, dated January 7, 2019, re opioid crisis.
 - 9.7 Correspondence from City of Brantford, dated December 21, 2018, re appointment of City representatives to the Board of Health.

10. QUESTIONS / ANNOUNCEMENTS

11. FUTURE AGENDA ITEMS

12. ELECTIONS

12.1 Chair

12.2 Vice-Chair

12.3 Signing Officers

13. NEXT MEETING DATE

Wednesday, February 20, 2019, 9:30 am

14. ADJOURNMENT

Chair

**Attachments*

***Attachments for Board of Health members only*

▲ = Infective Stage
 △ = Diagnostic Stage



Madeira: First Locally Acquired Measles Cases Reported Since 1999

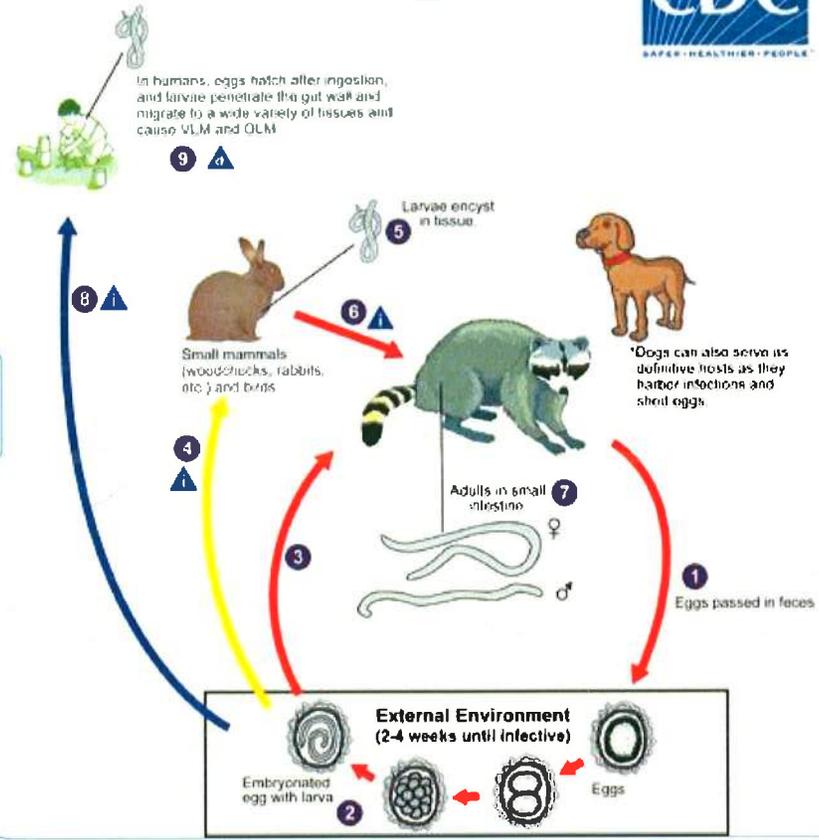
Slovakia: Measles 17 cases of measles per week
 More than 80 cases have been reported since mid-November 2018

Measles

| Institutional | | |
|------------------|------------------------|------------------------------------|
| Type of Outbreak | Date Outbreak Declared | Causative Organism (if identified) |
| Respiratory | January 7, 2019 | Rhinovirus/enterovirus |
| Respiratory | January 14, 2019 | Pending |
| Respiratory | January 14, 2019 | Pending |
| Respiratory | January 15, 2019 | Influenza A |
| Respiratory | January 16, 2019 | Parainfluenza 1 |
| Respiratory | January 16, 2019 | Respiratory Syncytial Virus (RSV) |

Local LTC outbreaks

**Board of Health
 MOH report
 January 30, 2019**



Bayliascaris procyonis

Influenza

**Board of Health
 January 30, 2019
 Item 7.2
 MOH Report**

Fluwatch Summary

January 6 to January 12, 2019 (Week 2)

- In week 02, laboratory detections continued to decline sharply from the previous week confirming that the influenza season reached peak levels in the last week of December (week 52).
- Overall, the Central and Eastern regions are reporting higher levels of influenza activity than the rest of the country.
- Influenza A is the most common influenza virus circulating in Canada, and the majority of these viruses are A(H1N1)pdm09.
- The majority of lab confirmations and hospitalizations have been among individuals under the age of 65.

BRANT COUNTY BOARD OF HEALTH
REPORT #: 7.3

DATE: January 30, 2019

FROM: Jo Ann Tober

RE: Executive Director's Report

Budget Presentations

The Board of Health approved budget for 2019 was presented to both City of Brantford and County of Brant Councils on January 23, 2019. Information had been previously provided in September 2018 to both municipalities.

Ministry of Health and Long-Term Care Updates

There have been no communications or updates following the announcement of changes within the Ministry of Health and Long-Term Care and the appointment of Dr. David Williams, the Chief Medical Officer of Health as the head of the Population and Public Health Division. No information has been communicated about completion of Annual Program reports for 2018 or priorities for 2019.

FROM: Christina Rajsic, Director, Program Standards

RE: Program Standards Overview—Part 1

To provide Board of Health Members with more detail on the requirements under the new Ontario Public Health Standards and Brant County Health Unit programming, and to provide orientation to new Board of Health Members; the following overview is provided. Part 1 will describe three of five areas: Healthy Growth & Development, Clinic Services, and Environmental Health & Infectious Diseases.

Healthy Growth and Development

This portfolio aims to meet all of the requirements under the Healthy Growth and Development program standard, including the requirements of the *Healthy Babies Healthy Children Protocol*. The four programmatic components within this portfolio based on current population health and surveillance data include Healthy Growth and Development, Healthy Babies Healthy Children, Positive Parenting and Healthy Pregnancies.

The team responsible for the fulfillment of the Healthy Growth and Development standard engage and interact with internal and external stakeholders in numerous ways, including participation in advisory committees/networks, community planning tables, partnership in service delivery and referrals, and in some cases, consultations with end users of the public health interventions.

Program Description: Healthy Growth and Development

The Healthy Growth and Development program incorporates the following topics based on assessment of local needs: mental health promotion, healthy living, including breastfeeding, general growth and development of social and emotional requirements for the best start in life. The program takes a comprehensive health promotion approach to promote child's healthy growth and development by mobilizing community resources and building capacity of community partners and stakeholders in the area of early childhood development.

A focus for 2019 will be establishing a working relationship with day care providers to educate on early physical literacy, food menu development, mindfulness and mental well-being, and offer other supports to increase early childhood readiness scores. This program will use the Harvard framework for policy development in collaboration with internal and external partners. Development of key messages in collaboration with communications team is another focus for 2019.

Children are the focus of many program standards. Therefore, internal collaboration and coordination of activities with the Chronic Disease Prevention (CDP), Health Equity, Immunization, Oral Health (key partners for day cares), Clinical Services and Substance Use teams is necessary to ensure an efficient delivery of this portfolio.

Key external partners and stakeholders include: primary care (including: physicians, nurse practitioners, community health centres, family health teams, midwives, obstetricians), hospital, prenatal service providers child care sector, school boards/schools, EarlyON centres, children's development services, strategic leadership table (and subcommittees), and Brant Family and Children's Services.

Program Description: Healthy Pregnancies

The health of a woman before, during and after her pregnancy has a large impact on future outcomes for herself and the baby. Currently, pregnant women in Brant are likely to be engaged in health risk behaviours (smoking, cannabis use), have children at a younger age (under 20), be obese based on their pre-pregnancy weight and experience mental health concerns during pregnancy.

The overall goal of this program is to enhance support to Brant women before, during and after the pregnancy to minimize the impact of risk factor and strengthen protective factors. Activities include but not limited to: using best start resources for healthy pregnancies; embedding key messages in curriculum focusing on reducing the impact of risk factors; gathering supplies needed for the baby, providing information related to infant care, feeding, immunizations, pregnancy and parental leave/benefits. Apart from positive impact on women, these activities will likely have an impact on the parent-infant relationship, infant development as well as the relationship between partners/caregivers. Working with community partners, obstetricians, high schools, workplaces, and other settings or stakeholders targeting pregnant women will be essential to achieve the established program goal.

The focus for 2019 will be developing and enhancing this program portfolio, providing key messages and supports to obstetrical offices, midwives and family physicians, creating supportive environments, and policy development.

Future planning and consideration: Preconception, the time before pregnancy, is an opportune period for interventions to prevent certain adverse maternal and infant outcomes. Provision of preconception care can have a positive effect on a range of health outcomes. Preconception health refers to the health of women and men during their reproductive years. While the role of public health in preconception health care is still emergent, potential interventions could include surveillance, raising awareness and public education, partnering with clinical providers, and the inclusion of preconception health messages into other public health unit direct services. Women who have traditionally been less likely to access primary healthcare services and preconception healthcare include minority groups, women with previous adverse pregnancy outcomes, low-income, homeless, young maternal age and those with low education.

Program Description: Positive Parenting

This program is closely aligned with activities within the Healthy Babies Healthy Children program. Parents have an important influence on their children's growth and development. Healthy attachment within the parent-child relationship provides the foundation for healthy development. The parents' role is to provide an environment where the child feels safe and secure and is stimulated.

According to the 2015 Early Development Instrument, 35% of children are vulnerable in two or more domains, higher than Ontario. Parenting is the single most important modifiable risk factor impacting child development and health outcomes. Brant's parenting strategy's vision is for all parents to have the knowledge, skills, and resources needed in order for their families to thrive. Programs and services for parents are aligned with this vision and the needs of our population.

Given the diverse needs of parents and to support health equity, services are offered using a proportionate universalism model, i.e. ranging from universal health promotion strategies to more targeted interventions. Evidence-based programs aimed to increase the healthy and secure parent-child attachment will be continued in 2019.

Clinic Services

Program Description: Immunization program

Immunization's program goal is to reduce or eliminate the burden of vaccine preventable diseases through immunization. The program scope is determined by the Ontario Public Health Standards (OPHS) requirements under both the Immunization program standard and the School Health program standard.

The components of the program include:

Under the Immunization program standard:

- 1) immunization monitoring and surveillance, including investigating and documenting adverse events following immunization (AEFI), epidemiological analysis of surveillance data for vaccine coverage, monitoring of trends over time;
- 2) vaccine administration, including provision of provincially funded vaccines to eligible persons (Hepatitis B, Human papillomavirus (HPV) and Meningococcal C (Men C)) through school-based clinics, catch-up immunization services (e.g. *Immunization of School Pupils Act* (ISPA) vaccines);
- 3) community-based immunization outreach, including health education of the public and stakeholders regarding the importance of immunization; and
- 4) vaccine management, including activities related to the storage, handling and distribution of vaccines.

Under School Health – Immunization program standard:

- 5) immunizations for children in schools in licensed child care settings, including maintenance of immunization records, assessment and reporting on the immunization status of children in schools and day cares, implementation of ISPA suspension process and ISPA education sessions.

The *Immunization for Children in Schools and Licensed Child Care Settings Protocol* and the *Vaccine Storage and Handling Protocol* are foundational protocols that are required for this program.

The program focus for 2019 is to establish a process for accessing and reviewing records for day cares to ensure accuracy and appropriate follow up and to develop an internal procedure for working with all providers of immunizations to report AEFI's accurately with the appropriate monitoring and follow up.

The program is responsible for the planning, reporting, data collection and implementation of ISPA requirements, immunization record management, vaccine storage and inventory management, school clinics and AEFI's. In addition, working collaboratively with communications and surveillance/promotion will help meet the provincial reporting requirements and accountability indicators.

Program Description: General Clinic Services

The general Clinic Services program goal is to increase access to clinical services for priority populations as identified through surveillance and epidemiological data. Clinical services provided at BCHU are based on the requirements within the Infectious Diseases program standard, the Immunization program standard and the *Substance Use Prevention and Harm Reduction Guideline*. The clinical services include tobacco cessation, sexual health/ sexually transmitted infections, TB skin tests, immunization clinics for travelers and general immunization clinics.

The program is responsible for planning clinics (including assigning staff), and providing appropriate resources and supports to ensure services are addressing the needs of priority populations. Identification and regular review of clinical data and monitoring is required to ensure appropriate and accurate staffing levels. Additionally, the development of clear clinical guidelines and procedures are needed to ensure consistency for outreach services in schools, drop-in centers and other locations where there are priority populations, as per clinical elements of sexual health/ sexually transmitted/blood borne infections prevention.

Program Description: School Surveillance

The School Surveillance program goal is to identify children at risk for poor health outcomes by ensuring appropriate access to basic vision and oral health services. The key components of the program are oral health and vision health assessment and surveillance, including parent notification, screening clinics for identified grade levels, and navigation support and follow up screening where required.

The oral health and vision screening is part of the School Health program standards and follow the *Oral Health Protocol* and the *Child Visual Health and Vision Screening Protocol*.

In 2019, the program will continue to implement the oral health screening and will focus on fully implementing the vision component of the School Surveillance program.

Program Description: Oral Health

The Oral Health program goal is to increase access to oral health clinic services, prevention services (including fluoride varnish), system navigation services, preventative education and skill building. Oral health is a topic of public health importance under the Chronic Disease and Injury Prevention, School Health, and Healthy Growth and Development program standards. Major components of the program are client-level oral health navigation, oral health promotion and education, and implementation of the Healthy Smiles Ontario program targeted to children under 17, including screening, oral health service delivery, and follow up.

The *Oral Health Protocol*, *Infection Prevention and Control Protocol* and the *Chronic Disease Prevention Guideline* support the activities of this program.

The program focus for 2019 is to maintain current relationships and continue to provide oral health supports through the day care fluoride varnish program as well as the treatment, screening and preventative services clinics.

The program is responsible for reviewing clinic data to inform planning and promotion of the program to increase access by priority populations to the information and clinical services. In addition, to ensure appropriate infection control measures are in place for the clinics.

Environmental Health and Infectious Diseases

The portfolio for Environmental Health and Infectious Diseases (EHID) is divided into two major program components with their associated activities. There are a significant number of protocols and guidelines associate with this program and content leads are encouraged to operationalize these programs.

- inspection and enforcement activities as articulated in the requirements of the *Food Safety Protocol*, *Safe Drinking Water Protocol*, *Infection Prevention and Control Protocol* (including personal service settings) and other relevant protocols, as well as complaint-based environmental health inspections for vector-borne diseases (including response to mosquito and tick bites).
- activities related to prevention, protection and outbreak management of infectious diseases in accordance with the *Infectious Diseases Protocol*, *Institutional Outbreak Management Protocol*, *Rabies Prevention and Control Protocol*, *Sexually Transmitted Infections Prevention and Control Protocol* and *TB Prevention and Control Protocol*.

Together the two components of the portfolio establish a comprehensive and integrated approach to protecting the public from diseases of public health importance and a 24/7 on-call response system.

Program Description: Food Safety

Surveillance and inspections begin with the maintenance of an inventory of all food premises in the City of Brantford and the County of Brant. The *Food Safety Protocol* and the *Operational Approaches for Food Safety Guideline* informs the work within this program. The bulk of the work in the Food Safety program entails routine and follow up inspections of all food premises at the minimum frequency specified by the *Ontario Public Health Standards*. Inspection frequency is also based on food premises risk assessment and risk categorization carried out on an annual basis. Additional inspections are carried out in order to address unsafe food-handling practices, issues of non-compliance with regulations, investigations of foodborne illness and outbreaks, public complaints, food recalls, and emergency response related to fires, floods, power outages or any other emergency situation. Inspections are also conducted in institutional food premises to protect the health of priority populations, including children attending schools, day camps and day care facilities, and elderly population residing in retirement and long-term care homes.

Education is a significant strategy for the Food Safety program aimed at increasing awareness among the general public, food premises owners, operators and staff regarding food safety-related information. The Food Safety program works collaboratively with the Healthy Schools team and provides or makes available educational information to operators at special events, farmers' markets, child care facilities and other institutional facilities

Finally, the Food Safety program provides Food Safety training classes for food handlers focusing on increasing access to certification for youth and priority populations to support employment opportunities.

Program Description: Safe Water/Recreational Water

The goal of the Safe Water and Recreational Water program is to prevent and reduce the spread of water-borne illness related to drinking water and public use of pools, splash pads and spas in accordance with the *Safe Drinking Water and Fluoride Monitoring Protocol*. The key program components include surveillance and inspection which begin with the maintenance of an inventory of all small drinking water systems, well water sites and other water systems. This ensures a timely response to drinking water

adverse events, reporting of water-borne illnesses or outbreaks and other water-related issues arising from emergencies as per the *Small Drinking Water Systems Risk Assessment Guideline*.

Education and training for owners/operators of small drinking water systems and recreational water facilities, informing the public about unsafe drinking-water conditions and providing information to respond appropriately, reporting of Safe Water program data elements to the Ministry of Health and Long-Term Care related to drinking water systems are also important strategies for this program.

Program Description: Healthy Environments

The Healthy Environments program involves investigations of all health hazard complaints and their resolutions. All health hazards are assessed on a 24/7 basis. The program also includes inspections of non-regulated facilities to determine whether a health hazard exists and seek mitigation should a health hazard be detected. Non-regulated facilities include arenas, animal exhibits and funeral homes.

This program is under development and is closely aligned with the *Chronic Disease and Wellness Guideline* and the built environment content. Additional considerations for Healthy Environments including climate change, environmental pollution, and other health hazards are considered an area of education and further development. The program focus for 2019 is to utilize a comprehensive approach to education and awareness, and creating supportive built environments.

Current priorities and trends to monitor include emerging issues such as support for the safe retrieval of needles in collaboration with the *Substance Use Prevention and Harm Reduction Guideline* and a potential response to indoor and outdoor air pollution complaints due to marijuana grow operations.

Program Description: Infectious Diseases Management

Under the *Health Protection and Promotion Act*, Ontario Regulation 559/91, the Infectious Diseases (ID) program involves: critical and time sensitive follow up and surveillance of 60+ reportable diseases in order to prevent further spread of communicable disease; outbreak management support to institutions; and response to infection prevention and control (IPAC) complaints in regulatory, non-regulatory and non-routinely inspected settings.

Additionally, the ID program provides case management and contact tracing of 60+ reportable diseases of public health significance. All case management activities are followed and managed according to Ministry of Health and Long-Term Care's *Appendix A: Disease Specific Chapters* and *Appendix B: Provincial Case Definitions for Reportable Diseases*.

Program Description: Infection Prevention and Control

The Infection Prevention and Control (IPAC) program includes surveillance, inspection, investigation, education (promotion), enforcement, and timely reporting of identified IPAC practices in personal service settings (PSS), settings with health professionals governed by a regulatory college, non-routinely inspected facilities, and temporary dwellings established for temporary/seasonal foreign workers (TFW). Education is an important component of the IPAC program. When conducting inspections or responding to complaints, Public Health Inspectors and Public Health Nurses educate/train personal service workers and regulated health professionals on IPAC best practices to reduce the risk of transmission of blood borne diseases and other types of infections for both clients and themselves.
