

**BRANT COUNTY BOARD OF HEALTH**  
**Wednesday, July 15, 2020, 9:30 a.m., Classroom 420/421 & Conference Call**  
**MINUTES**

**PRESENT:** Councillor John Bell, Chair  
Ms. Susan Brown, Vice-Chair  
Mayor David Bailey  
Mr. Mario Colombo  
Mayor Kevin Davis  
Ms. Joy O'Donnell (by phone)  
Councillor John Sless  
Dr. Elizabeth Urbantke  
Dr. Jo Ann Tober  
Ms. Lorraine Johnson (recorder)

**ABSENT:** Councillor Brian Van Tilborg

**ALSO PRESENT:** Mr. Brent Richardson, Director, Human Resources

---

**1. CALL TO ORDER**

Chair Bell called the meeting to order at 9:30 a.m.

**2. CONFLICT OF INTEREST**

Chair Bell reminded Members to declare a conflict of interest, if one so arises, at the time the item is discussed.

**3. ADDITIONS TO AGENDA**

There were no additions to the agenda.

**Moved by:** Mr. Colombo  
**Seconded by:** Councillor Sless

**“THAT the Board of Health approve the Agenda as distributed.”** Carried.

**4. APPROVAL OF MINUTES**

**4.1 Brant County Board of Health Minutes, June 17, 2020 and July 2, 2020**

**Moved by:** Ms. Brown  
**Seconded by:** Mr. Colombo

**“THAT the Brant County Board of Health Minutes dated June 17, 2020, and the Special Meeting minutes dated July 2, 2020, be approved as distributed.”** Carried.

**5. FINANCIAL REPORT**

**5.1 Financial Statement ending June 30, 2020**

Mr. Richardson presented the Financial Statement ending June 30, 2020, as distributed at the meeting. The statement shows a surplus due, in part, to intentional gapping. If COVID-19 expenses exceed the supplies budget, the cost can be met by the gapping surplus; however, this is not anticipated. Any surplus of the municipal portion of cost-shared funds would be credited by the municipality against the next year's budget. Mr. Richardson confirmed that Brant County Health Unit (BCHU) contacted both the City and County regarding the financial position as reported at the June Board meeting. Members inquired about a policy on the accrual of un-used vacation days for staff, management and the MOH and CEO, including pay-out or roll-over.

**Moved by:** Mayor Bailey  
**Seconded by:** Mr. Colombo

**“THAT the Brant County Board of Health accept the Financial Statement ending June 30, 2020 as presented.”** Carried.

### **5.2 COVID-19 Expenditure Update**

Mr. Richardson presented the COVID-19 Expenditure Update, dated July 15, 2020, as distributed with the agenda. COVID expenses were in line with the previous projection and continue to be monitored monthly for supplies and salaries. Discretionary expenses continue to be deferred. Mr. Richardson confirmed that there are no shared expenses between the Health Unit and the Brant Community Healthcare System, although there has been sharing of test swabs as demand and supply fluctuates for either agency.

### **5.3 Pandemic Pay Report**

Dr. Tober and Mr. Richardson presented the Pandemic Pay Report, dated July 15, 2020, as distributed with the agenda. The provincial Pandemic Pay initiative is available solely for nurses and cannot be applied to non-union employees. Much feedback has been sent to the Ministry about how this initiative singles out only one classification. Many non-nursing staff were redeployed to COVID duties and all employees have contributed in some way to the COVID-19 response.

Management would like to recognize all employees' engagement and presented options for financial and/or time off to the Board. Approaches by other health units vary greatly. Members noted that it may be difficult for staff to take additional time off as COVID work continues especially if there is a second wave. Mr. Richardson advised that BCHU is working with both bargaining units to manage time off. A financial payment may be preferred by staff, would avoid adding to banked time to be taken before year-end, and the budget can withstand the cost, exclusive of provincial funding.

**Moved by:**

**Councillor Sless**

**Seconded by:**

**Ms. Brown**

**“THAT the Brant County Board of Health approve a one-time bonus payment of \$500 to all employees in recognition of the effort and dedication they have brought to providing public health programs and services.”**

**Carried.**

## **6. BUSINESS ARISING FROM PREVIOUS MINUTES**

### **6.1 Report from the Chair**

Chair Bell noted that City and County Councils passed bylaws on July 14 for the mandatory wearing of masks in indoor public spaces. There was discussion about municipal bylaws vs. Section 22 Orders from the a medical officer of health (MOH) which are not designed to make policy. Provincially, there was much consultation with the Ministry, legal advisors, and experienced MOHs. In Brant, BCHU supported in writing the masking bylaw. Ideally, a province-wide regulation would conform the approach for all municipalities. Members encouraged Dr. Urbantke to continue active support for mask wearing.

Chair Bell advised that, in response to correspondence to the Ministry of Health from the Board of Health Ad Hoc Committee on the Ministry of Health Audit, a reply was received on July 10. There is much work to be done to compile a status report and supporting documentation by the July 31 due date. Dr. Tober outlined the framework for the appointment of MOHs. Dr. Urbantke will continue in an acting capacity until her degree is conferred, expected in October, when official application can be made to the Ministry of Health. All course work has been completed and the capstone submission will occur in August. The Ministry has been kept apprised. An acting MOH has equal authority as a fully-qualified MOH within the Health Protection and Promotion Act.

Dr. Tober stated that communication with staff about the Audit Phase 1 included a coffee chat and posting of information to outline recommendations and actions. Recommendations from Phase 2 were received as the pandemic ramped up, so the plan for similar sharing could not proceed due to workloads and restrictions. Members considered what would be shared from a confidential report and methods for presentation.

For the July 31 due date, the work of compiling data and documents is similar to previous requests throughout the audit. It is labour intensive in mid-summer and during a pandemic. The Ad Hoc Committee will manage this process, review evidence prior to submission, and will report back to the full Board. Following July 31, the Ministry will require quarterly updates.

### **6.2 Report from the Acting Medical Officer of Health**

Dr. Urbantke presented the Medical Officer of Health Report, dated July 15, 2020, as distributed with the agenda. The report provided an update on opioid overdoses, naloxone distribution, and the Needle Exchange Program. Dr. Urbantke advised that, although COVID activities remain a major focus, she has resumed some routine public

health activities including internal and external consultations, reviewing medical directives, and completion of change management/leadership skills training. Members requested additional information from Dr. Urbantke on her interactions with management and staff, and ensuring the necessary supports are in place.

(See Item 7.1 for the COVID-19 report.)

### **6.3 Report from the Chief Executive Officer**

Dr. Tober presented the Chief Executive Officer Report, dated July 15, 2020, as provided with the agenda.

Dr. Tober's report outlined announcements, funding approvals, report submission timelines, and the rollout of a new Ministry of Health Case and Contact Management information system that will replace the current database, starting with COVID-19 case data. Dr. Tober advised that the Middlesex-London Health Unit has separated the roles of MOH and CEO, joining 15+ other health units in a separated model, according to the Association of Local Public Health Agencies. The Health Unit continues to resume program delivery, especially in the areas of Immunization, Sexual Health and Dental clinics. With an eye to monitoring vaccine development, the ground work is being prepared for conducting a mass immunization campaign when the COVID vaccine is released.

### **6.4 Food Safety Disclosure Report**

No report.

**Moved by:**

**Councillor Sless**

**Seconded by:**

**Mayor Bailey**

**“THAT the Brant County Board of Health accept reports 6.1 through 6.4 as presented.”**

**Carried.**

## **7. NEW BUSINESS**

### **7.1 COVID-19 Report**

Dr. Urbantke and Dr. Tober presented the joint COVID-19 Report, dated July 15, 2020, as provided with the agenda. In addition to the written report, Dr. Urbantke advised that there are currently 136 confirmed cases, with 119 resolved, 12 in isolation, and 1 in hospital. Last week saw 9 new cases, most of whom were close household contacts. There has been a recent increase in tests done locally. Brant's positivity rate continues to decrease. Stage 3 re-openings will increase workload in preparing guidance documents to augment provincial materials, carrying out inspections, and responding to a surge in inquiries and complaints. The message remains to maintain physical distancing and to wear a face mask that distance cannot be kept.

Dr. Urbantke and Dr. Tober confirmed that BCHU has capacity to meet a surge in contact tracing; staff were redeployed to contact tracing early in the pandemic and shifted back to program as the cases declined. Currently there is a core COVID Team plus the existing Infectious Diseases Team which can be augmented by trained staff if positives increase. Staff follow each tested person until the result is known, so there could be 100 people being followed at any time, with only 1 or 2 active positives. Staff are in daily contact with long-term care and retirement homes and submit numerous daily reporting requirements to the Ministry. The Contact Centre Team responds to incoming questions which are escalated as appropriate. Staff produce guidance documents as needed following provincial announcements of re-openings. Proactive and reactive enforcement continues as the Enforcement Officers try to visit each group of premises when re-openings occur.

Members requested that historical data be maintained on the website for comparison and a breakdown of City vs. County statistics be displayed where possible. Members noted that the societal behaviour change to distance and wear masks may help in the upcoming influenza season. Members requested a regular half-day testing site in the County. Dr. Urbantke stated that assessment centres are under the purview of Ontario Health and the acute care system; the inquiry will be forwarded to the hospital. Members inquired about BCHU involvement with schools; direction will come from the Ministry of Education in consultation with the Chief Medical Officer of Health. Locally, both schools boards are part of the Joint EOC, the Health Unit has long-standing connections with the boards, and a conference call is scheduled with them for later this week.

Members inquired about transparency with the public. There is a balance between enough information to ensure the health of the population while protecting the privacy of individuals. Health Unit staff work with workplaces to coach them in announcing positive cases or the Health Unit makes the announcement; it is an interactive process. There is a process whereby the hospital assessment centre notifies BCHU in writing about every swab done. BCHU follows people, and depending upon test outcome will commence case management and contact tracing for positives. If the

positive case is a hospital in-patient, the hospital follows the patient on-site and BCHU staff conduct the case/contact tracking. There is ongoing communication between the hospital and Health Unit staff.

*Dr. Urbantke left the meeting at 11:04 a.m.*

<b>Moved by:</b>	<b>Councillor Sless</b>
<b>Seconded by:</b>	<b>Mayor Bailey</b>
<b>“THAT the Board of Health accept report 7.1.”</b>	<b>Carried.</b>

**8. CORRESPONDENCE** *(Board members may request a copy of items that are not attached from Board of Health Secretary)*

- 8.1 Correspondence received from Peterborough Public Health, dated June 25, 2020, re basic income for income security during COVID-19 pandemic and beyond.
- 8.2 Correspondence received from Simcoe Muskoka District Health Unit, dated May 20, 2020, re basic income.
- 8.3 Order in Council received from County of Lambton, dated June 19, 2020, re clarification on Ministry’s criteria to move to stage 3 in the Framework for Reopening our Province.
- 8.4 Correspondence received from Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020, re 2020 municipal cost share of public health funding and reconsiderations related to Public Health Modernization.
- 8.5 Correspondence received from Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020, re basic income.
- 8.6 Correspondence received from Haliburton, Kawartha, Pine Ridge District Health Unit, dated June 19, 2020, re endorsement of alPHa’s response to the Public Health Modernization Discussion Paper.
- 8.7 Correspondence received from Porcupine Health Unit, dated Jun 29, 2020, re basic income.

<b>Moved by:</b>	<b>Councillor Sless</b>
<b>Seconded by:</b>	<b>Mr. Colombo</b>
<b>“THAT the Board of Health receive the correspondence as listed.”</b>	<b>Carried.</b>

**9. IN-CAMERA MEETING**

<b>Moved by:</b>	<b>Councillor Sless</b>
<b>Seconded by:</b>	<b>Mr. Colombo</b>
<b>“THAT the meeting move to In-Camera at 11:07 a.m. regarding risk management issues.”</b>	<b>Carried.</b>

*The regular Board of Health meeting resumed.*

No motion was passed during the in-camera session.

**10. QUESTIONS/ANNOUNCEMENTS**

**11. FUTURE AGENDA ITEMS**

**12. NEXT MEETING DATES**

Wednesday, August 19, 2020, at 9:30 a.m. (at the call of the Chair)  
Wednesday, September 9, 2020, at 9:30 a.m.’

**14. ADJOURNMENT**

<b>Moved by:</b>	<b>Ms. O’Donnell</b>
<b>“THAT the Board of Health meeting be adjourned.”</b>	<b>Carried.</b>

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date