

**BRANT COUNTY BOARD OF HEALTH**  
**REGULAR AGENDA**  
Wednesday, February 17, 2021, 9:30 a.m, Zoom (Classroom 420/421)

**1. CALL TO ORDER**

*Chair John Bell*

**2. CONFLICT OF INTEREST**

**3. ADDITIONS TO AGENDA / Motion to APPROVE OF AGENDA**

Items 6.3 and 6.5.1 will be heard at the beginning of the meeting.

**4. APPROVAL OF MINUTES**

**4.1** Motion to approve Brant County Board of Health Minutes of January 20, 2021 \*

*All*

**5. FINANCIAL REPORT**

**5.1** Draft Financial Result for the Year Ended December 31, 2020 \*

*Ms. Lisa DiDonato*

**6. BUSINESS ARISING FROM PREVIOUS MINUTES**

**6.1** Report from the Chair

*Chair John Bell*

**6.2** Report from the Medical Officer of Health \*

*Dr. Elizabeth Urbantke*

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

*Dr. Jo Ann Tober*

**6.4** Food Safety Disclosure Report

*No report*

**6.5** COVID-19 Reports

**6.5.1** COVID-19 Case Management Report \*

*Dr. Elizabeth Urbantke*

**6.6.2** COVID-19 Immunization Report \*

*Dr. Jo Ann Tober*

**6.6** Needle Exchange Program Delegation to City Follow-Up

*Dr. Elizabeth Urbantke*

Motion to accept reports as presented.

**7. NEW BUSINESS**

**7.1** Paid Sick Days \*

*Chair John Bell*

Motion to accept reports as presented.

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

**8.1** Correspondence from Association of Local Public Health Agencies, dated February 9, 2021, re paid sick days.

**8.2** Correspondence from Kingston, Frontenac and Lennox & Addington Public Health, dated February 1, 2021, re mandatory paid sick leave for Ontario workers.

**8.3** Correspondence from Grey Bruce Health Unit, dated January 25, 2021, re overlap of South West Ontario Health/LHIN on public health pandemic response activities.

**8.4** Correspondence from Kingston, Frontenac and Lennox & Addington Public Health, dated February 2, 2021, re land and water border restrictions.

**8.5** Correspondence from Council of Ontario Medical Officers of Health (COMOH), dated January 29, 2021, re safe return to school is an essential priority.

**8.6** Correspondence from Council of Ontario Directors of Education and COMOH, dated January 28, 2021, re school food programs.

Motion to receive the correspondence.

**9. INCAMERA**

**10. QUESTIONS / ANNOUNCEMENTS**

**11. FUTURE AGENDA ITEMS**

11.1 Needle Exchange Program (*Q1 2021*)

11.2 Brant Brantford Drugs Strategy (*Q1 2021*)

**12. NEXT MEETING DATE**

Wednesday, March 17, 2021, at 9:30 a.m.

**13. ADJOURNMENT**

*Chair*

*\* Attachments  
⊕ to be distributed at the meeting*

*\*\*Attachments for Board of Health members only*

**BRANT COUNTY BOARD OF HEALTH  
REPORT #: 5.1**

**DATE: February 17, 2021**

**FROM: Lisa DiDonato, Director, Finance**

**RE: DRAFT Financial Result for the Year Ended December 31, 2020**

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The purpose of this report is to provide the draft financial results of the Brant County Health Unit (BCHU) for the year ended December 31, 2020. As detailed in the financial variance, attached as Appendix A, the net expenditure surplus for the year ended December 31, 2020 is estimated to be approximately \$131,019.

The surplus primarily reflects the savings from reductions in enhanced program and service offerings as staff was deployed to respond to the COVID-19 pandemic. It also reflects the Health Unit's cost saving effort; and limiting of discretionary spending starting in March 2020.

In 2020, the BCHU played a significant role in the Brant response to the COVID-19 pandemic while continuing to maintain critical public health programs. As per the direction of the Ministry of Health, financial and human resources were redeployed to respond to pandemic. The Health Unit's response included case and contact management, education, and enforcement.

For Ministry reporting purposes, the Health Unit is currently tabulating the direct and indirect costs incurred in 2020, in response to the pandemic and to prepare for mass immunizations. This information will be reported at a future Board of Health meeting.

As per the Health Protection and Promotion Act, R.S.O. 1990 (HPPA), provincial funding, established through policy and accountability agreements, is provided as grants for specified portions of program-based and one-time budgeted expenditures.

Provincial base funding is provided to the Board of Health for the purpose of delivering public health programs and services in accordance with the HPPA. One-time and 100% funding is provided for specific purposes. Unspent funds are subject to recovery in accordance with the Province's year-end reconciliation policy.

Although the results are subject to changes arising from the preparation of the audited financial statements and provincial year end reporting, the BCHU expects the majority of the year end surplus to be clawed back during the year-end reconciliation process.

Appendix A

**Brant County Health Unit  
Financial Variance and Forecast  
For the Period Ending December 31, 2020**

|  | <b>Budget<br/>12/31/2020</b> | <b>Actual<br/>12/31/2020</b> | <b>Variance<br/>Surplus (Deficit)</b> | <b>% of<br/>Budget</b> |
|--|------------------------------|------------------------------|---------------------------------------|------------------------|
| <b>Mandatory Programs</b>                      |                              |                              |                                       |                        |
| Salaries                                       | 6,423,092                    | 6,600,038                    | (176,946)                             | 102.8%                 |
| Benefits                                       | 1,606,382                    | 1,615,224                    | (8,842)                               | 100.6%                 |
| Mileage  | 26,700                       | 23,315                       | 3,385                                 | 87.3%                  |
| Staff Development                              | 99,535                       | 89,573                       | 9,962                                 | 90.0%                  |
| Supplies                                       | 972,496                      | 950,342                      | 22,154                                | 97.7%                  |
| Building Maintenance and Operations            | 520,912                      | 572,381                      | (51,469)                              | 109.9%                 |
| Professional Fees                              | 140,333                      | 92,805                       | 47,528                                | 66.1%                  |
| <b>Total Mandatory Programs Expenditures</b>   | <b>9,789,450</b>             | <b>9,943,678</b>             | <b>(154,228)</b>                      | <b>101.6%</b>          |
| <b>Total Enhanced Programs Expenditures</b>    | <b>2,033,202</b>             | <b>1,634,107</b>             | <b>399,095</b>                        | <b>80.4%</b>           |
| <b>100% Funded</b>                             |                              |                              |                                       |                        |
| MCYS   | 1,030,735                    | 1,030,735                    | -                                     | 100.0%                 |
| MoH Public Health Seniors Dental               | 533,500                      | 463,331                      | 70,169                                | 86.8%                  |
| MoH School Focused Nurses                      | -                            | 187,171                      | (187,171)                             | 0.0%                   |
| Health Canada                                  | 81,130                       | 66,962                       | 14,168                                | 82.5%                  |
| <b>Total 100% Funded Programs Expenditures</b> | <b>1,645,365</b>             | <b>1,748,199</b>             | <b>(102,834)</b>                      | <b>106.2%</b>          |
| <b>Total Gross Expenditures</b>                | <b>13,468,017</b>            | <b>13,325,984</b>            | <b>142,033</b>                        | <b>98.9%</b>           |
| MoH Public Health                              | (8,196,500)                  | (8,102,367)                  | (94,133)                              | 98.9%                  |
| MCYS   | (1,030,735)                  | (1,030,735)                  | -                                     | 100.0%                 |
| MoH Public Health Seniors Dental               | (533,500)                    | (463,331)                    | (70,169)                              | 86.8%                  |
| MoH School Focused Nurses                      | -                            | (187,171)                    | 187,171                               | 0.0%                   |
| Health Canada                                  | (81,130)                     | (66,962)                     | (14,168)                              | 82.5%                  |
| Municipal Funding                              | (3,467,251)                  | (3,467,251)                  | -                                     | 100.0%                 |
| Other Revenue                                  | (158,901)                    | (139,186)                    | (19,715)                              | 87.6%                  |
| <b>Total Revenue</b>                           | <b>(13,468,017)</b>          | <b>(13,457,003)</b>          | <b>(11,014)</b>                       | <b>99.9%</b>           |
| <b>Net Expenditures Surplus</b>                | <b>-</b>                     | <b>(131,019)</b>             | <b>131,019</b>                        |                        |

**BRANT COUNTY BOARD OF HEALTH  
REPORT #: 6.2**

**DATE: February 17, 2021**

**FROM: Dr. Elizabeth Urbantke  
Acting Medical Officer of Health**

**RE: Medical Officer of Health's Report**

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On November 24, 2020, the City of Brantford passed a motion that requested the Brant County Health Unit (BCHU) and its partner agencies to suspend the Needle Exchange Program or Harm Reduction Supply Program, as the case may be, if within 45 days the Brant County Health Unit has not provided the Corporation of the City of Brantford with a plan, satisfactory to the municipality, to eliminate the harm of the unsafe disposal of needles and syringes within the City of Brantford. The plan was sent to the City on January 7, 2021.

On February 2, 2021, the Chair, Chief Executive Office and Acting Medical Officer of Health represented BCHU at the Committee of the Whole Meeting for the City of Brantford. The plan was reviewed and questions addressed. At the meeting, the following was approved (and still has to be ratified at the February 23<sup>rd</sup> Council meeting):

- A. THAT Report 2021-96 Response from the Brant County Health Unit Regarding Unsafe Disposal of Needles BE RECEIVED; and
- B. THAT staff BE DIRECTED to install needle disposal bins at the following locations as per the approved Brant County Board of Health Resolution:
  - i. Colborne and Iroquois Street Area
  - ii. Shallow Creek area
  - iii. George and Market Streets or Nelson and Market Streets area.

For 2020:

155, 549 needles were distributed through the Needle Syringe Program (NSP).

131, 593 needles were collected from all sources, this represents 84.6% of the needles distributed.

- 86% were returned to the bins at the NSP sites
- 12% were returned to community disposal bins
- 2% were returned via public reporting – of these, over half were returned in a protected format, approximately 0.7% were ‘improperly discarded’.

**FROM: Dr. Jo Ann Tober, Chief Executive Officer**

**RE: Chief Executive Officer Report**

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### **New eLearning for Public Appointees**

The government has launched a new eLearning program for all public appointees which is being administered by the Public Appointments Secretariat. The training is to provide foundational knowledge on the agency sector and information on roles and responsibilities including fiduciary duties and acting in an ethical manner. The public appointees will be receiving an email directly from the Secretariat with instructions on how to access the training. The training is approximately two to three hours in length and is to be completed within 30 days of receiving the link which will be supplied between now and April 2021.

### **Association of Local Public Health Agencies (alPHa) Conference and Annual General Meeting**

alPHa has announced that their 2021 Conference and Annual General Meeting will be held on June 8, 2021. The meeting will be held virtually and the theme will be the critical role of Ontario's Public Health System and will include discussions on the COVID-19 response and the future of public health. The agenda for the conference and details of the Annual General Meeting are not yet available.

### **The Ontario Public Health Convention (TOPHC) 2021**

TOPHC is an annual conference cohosted by Public Health Ontario, the Association of Local Public Health Agencies, and the Ontario Public Health Association. This conference includes presentations on research and programming within the Ontario public health system. Due to the impacts of the ongoing COVID-19 pandemic, the convention has been cancelled for 2021.

### **Brantford Brant Ontario Health Team Update**

The local Ontario Health Team (OHT) Executive Leadership group continues to meet on a biweekly basis to advance the development of the OHT. Working groups have been created to address local priorities including mental health and addictions; homelessness; dementia; home and community care; digital health; and COVID vaccine sequencing. Engagement activities continue with specific communities including persons with lived experience, primary care providers, and the indigenous and francophone communities. A finance committee has been created and a working group to develop a quality improvement plan is being formed with a focus on reducing variation in patient experience across the system.

### **Ministry of Health Activity Report and Fourth Quarter Financial Report**

These annual reports were submitted to the Ministry by the February 12 deadline.

**FROM: Dr. Elizabeth Urbantke, Acting Medical Officer of Health**

**RE: COVID-19 Case Management Report**

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Up-to-date metrics will be reported at the meeting.

## **Brant County Health Unit's COVID-19 Response Feedback**

### **Method**

In September—October 2020, the Brant County Health Unit (BCHU) conducted surveys with various community stakeholders to gather feedback regarding BCHU's COVID-19 response activities from March to August 2020 (i.e., the first wave of the pandemic). Three surveys were administered with the following stakeholder groups: 1) Emergency Operations Centre (EOC) members, 2) community organizations, and 3) members of the public.

### **Key findings**

#### ***Support and guidance from BCHU***

All stakeholders surveyed had favorable opinions about BCHU's COVID-19 response activities during the first wave of the pandemic.

- Most EOC members, community organizations, and members of the public (from 60% to 80%) agreed or strongly agreed that:
  - The expertise from BCHU has effectively guided the COVID-19 response in Brant/Brantford
  - BCHU has provided clear, accurate, timely and relevant information during the response
  - Information from BCHU has helped them make decisions to protect themselves, their families, employees, and clients
  - BCHU's daily updates on COVID-19 status in Brant/Brantford have been useful
  - BCHU has been transparent in sharing information with the community during the COVID-19 response.
- Most respondents representing the community organizations (80%) and general public (65%) reported that their inquiries and concerns were addressed by BCHU's Call Center
- Most respondents from community organizations felt that they received enough support and guidance from BCHU with respect to:
  - COVID-19 prevention measures, including screening and use of personal protective equipment (92% felt the support was enough)
  - COVID-19 testing, case and outbreak management (89%)
  - signage, information sheets, guidelines (95%)
  - preparing for Stage 1, 2, or 3 of re-opening (90%)
  - infection prevention and control (91%)
  - visits by BCHU enforcement officers (95%).

#### ***Challenges***

Some respondents representing the community organizations and general public reported encountering challenges when working with or receiving support from BCHU. However, it should be noted that some of these challenges were outside of BCHU's control as they were related to the work of the provincial/federal government (e.g., guidelines, protocols) or other healthcare/public health agencies (e.g., testing).

**BRANT COUNTY BOARD OF HEALTH  
REPORT #: 6.5.2**

**DATE: February 17, 2021**

**FROM: Dr. Jo Ann Tober, Chief Executive Officer**

**RE: COVID-19 Immunization Program**

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The local immunization of Long-Term Care (LTC) and Retirement Home (RH) residents, staff and essential caregivers began on January 15 through mobile clinics. On January 20<sup>th</sup>, the Ministry of Health issued a directive that only residents of long-term care, high risk retirement homes and Indigenous Elders Lodges could receive a first dose of a COVID vaccine due to supply chain issues. A deadline of February 5, with a subsequent extension to February 10, was provided by the Province for the completion of first dose immunizations for all residents of LTCs, RHs and Elder Care Lodges in Ontario. Second doses for residents were to be scheduled as per normal dosing intervals of 21 days for the Pfizer vaccine and 28 days for the Moderna vaccine. All other health care providers or essential caregivers that had received a first dose of the Pfizer vaccine would receive their second dose at approximately 35 days.

The Brant County Health Unit (BCHU) did complete the administration of first doses to all residents of local Long-Term Care and Retirement Homes on January 20<sup>th</sup>. A total of approximately 95% of residents of Long-Term Care homes and 96% of residents of Retirement Homes have received their first dose of COVID vaccine. In addition, a number of hospitalized LTC residents and individuals awaiting and imminently expecting to be placed in a LTC have also received their first dose of vaccine.

The administration of second doses to residents began on February 5 and is scheduled to be completed at all homes by February 17. Second doses for long term care home staff are scheduled to be completed by February 23.

Current direction from the Ministry of Health to vaccinate only residents of LTCs, RHs and Elders' Lodges remains in effect and information on future vaccine supply remains uncertain. Planning has continued for the roll out of vaccine to other groups identified in the Provincial Framework for vaccine distribution. A local Vaccine Sequencing Task Force has been meeting to discuss the sequencing of local groups and community organizations have been contacted and provided with information on the vaccine and consent forms in preparation for when vaccination of additional groups can begin.

Information continues to evolve and be updated on the transportation of the two vaccines approved for use in Canada, Pfizer and Moderna. These vaccines are stored in a frozen state at -70 degrees and -20 degrees respectively. They require special storage and handling and are to be moved under strict conditions to ensure that the vaccine is not subject to vibration and rendered ineffective. In addition, Pfizer was initially listed as a 5 dose per vial product which, effective the week of Feb. 15, is being updated to a 6 dose per vial product. Obtaining the sixth dose of vaccine requires expertise in drawing up medication and the use of a special low volume needle and 1 ml syringe which are currently in short supply. News is also expected soon on the approval of additional vaccines which have applied for approval in Canada. These additional vaccines may help relieve the current vaccine supply issues and are stored at refrigerator temperatures allowing for easier storage and transportation.

Item 7.1  
Paid Sick Days

**Queen's Park**  
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## Peggy Sattler MPP London West

Dr. Elizabeth Urbantke, Medical Officer of Health  
Mr. John Bell, Chair  
Brant County Health Unit

January 25, 2021

Dear Dr. Urbantke, Mr. Bell 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](http://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 Brant County Health Unit 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