

**BRANT COUNTY BOARD OF HEALTH**  
**Wednesday, August 18, 2021, 9:30 a.m., Zoom**  
**MINUTES – SPECIAL MEETING**

**PRESENT:** John Bell (County), Chair  
Susan Brown (Province), Vice-Chair  
David Bailey (County)  
Nancy Church (Province)  
Kevin Davis (City)  
Joy O'Donnell (Province)  
John Sless (City)

Jo Ann Tober (CEO)  
Brent Richardson (Director, HR)  
Lisa DiDonato (Director, Finance)  
Alexey Babayan, (Director, Foundations)  
Janet Kwansah, (Director, Programs)  
Lorraine Johnson (Exec. Asst.) (recorder)

**REGRETS:** Brian Van Tilborg (City)

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**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 / APPROVAL**

7.1 Funding Possibility from the Province (Chair Bell)  
Incamera Item (Nancy Church)

**4. APPROVAL OF MINUTES**      *Deferred*

**5. FINANCIAL REPORT**      No report.

**6. BUSINESS ARISING FROM PREVIOUS MINUTES**

**6.1 Update on Local Situation of COVID-19 Pandemic**

Chair Bell asked Jo Ann Tober to speak to the current status of COVID-19 vaccinations and clinics. Statistics as of August 16 were: 42 new cases last week; incidence rate is up to 31.3/100,000; reproductive number is 1.55; and the provincial positivity rate is 2-3%. Hospitalizations in Brant are up and accelerating. All data shows an increase in spread and number of cases. Federal and provincial governments have confirmed a more infectious, Delta-strain fourth wave.

Provincial coverage rates have Brant at 81.4% for Dose 1 and 73.7% for Dose 2, which is above the Ontario average. Internal calculations show lower rates. There is a slow increase in coverage for ages 18-39 and 12-17. Current data indicates that natural immunity wanes over time.

On August 17, the Chief Medical Officer of Health introduced Dose 3 criteria, and mandatory vaccination policies. Directive 6 requires that mandatory vaccination policies be in place by September 7 for hospitals, long-term care homes, home and community care services, and paramedics. Proof of vaccination will be required. Non-vaccinated people must have a medical exemption, be tested regularly, and work in full personal protective equipment (PPE). Educational sessions are optional.

Schools boards will be added and are awaiting their formal directive. There is existing policy under the Immunization of School Pupils Act for the Health Unit to receive immunization status for students for other non-COVID infectious diseases, so that un-immunized children can be excluded in the case of an outbreak. Children not immunized against COVID will be excluded and tested if there is an outbreak. The Ministry also announced that health units will be conducting COVID vaccination clinics in schools. Brant is already arranging this in conjunction with the local

Boards of Education. The Ministry expanded eligibility to all children born in 2009, rather than only those who have already reached their 12<sup>th</sup> birthday; this adds another approximately 600 eligible people to Brant's denominator.

Further policy requirements will be coming for post-secondary schools. Wilfrid Laurier University has already implemented a vaccination policy. It is also expected that licensed retirement homes and shelters will be covered by a directive for vaccination policy later in September. These measures are expected to increase coverage rates.

Eligibility for Dose 3 is for select immune-compromised people, long-term care homes, and high-risk congregate settings. Brant County Health Unit (BCHU) has already been in touch with local settings and will commence Dose 3 as early as next week.

BCHU is transitioning from mass immunization clinics (MIC) to smaller and pop-up clinics. Smaller MICs continue to operate in Brantford and Paris most days. Coverage data is used to target areas for pop-up clinics: community centres, mosque, churches, shelters, high-density housing sites, mall, Paris Fair, Paris carnival, youth programs, community partner programs, etc. More than 50% of pop-up clients are for Dose 1. Workplace clinics have been held with more scheduled. The provincial GoVaxx bus will be in Brant in early September. School clinics will be open to all staff, students and their families.

Chair Bell invited Members' suggestions of locations that have been missed and invited comments and questions. Many points were considered: religious exemptions; student consent; BCHU employee coverage rate; messaging strategies to encourage vaccination; messaging to the younger demographic; employer obligation to operate a safe workplace; etc.

Employers must weigh human rights, accommodation requests, staffing assignments, potential staffing shortages, etc., in setting internal policy. Local organizations have had staff resign rather than be vaccinated. A Member inquired whether all Board Members have all been vaccinated. Individual vaccination status is considered personal health information and is a protected privacy right.

Non-vaccinated workers would be tested regularly by rapid antigen tests which are available to employers for free from the Province. Results are shown in 10-20 minutes. A positive result would be followed up with a PCR test for confirmation. More venues and organizations (e.g., Blue Jays) are voluntarily restricting admission to fully-vaccinated people. Proof of vaccination is the official receipt received either at the clinic or downloaded from provincial website.

By late September, the federal government will be mandating vaccination for air/train/bus travel in Canada. The Province is talking with Ottawa about mixed-dose vaccinations and requirements for international travel.

Members stressed the importance of BCHU setting a gold standard for employee coverage and vaccination policy. BCHU provided regular and enhanced Infection Prevention and Control guidance to many organizations and meets regularly with some institutions; Health Unit authority is restricted other than in outbreak situations. Health units are neither mandated nor equipped to receive or review business plans from employers.

Messaging to the younger demographic, currently with lower coverage rates, was discussed. BCHU has been targeting this group locally for some time. Lack of knowledge is not the main factor to hesitancy. Individual health unit media campaigns require Ministry approval. Members requested seeking additional funding for an external public relations firm to provide appropriate and improved messaging in Brant, specifically to a younger population.

## **6.2 Open Discussion on Additional Steps the Board May Consider Implementing**

Chair Bell then invited Members' input on additional steps BCHU could/should take to educate, mandate, or restrict individuals toward vaccination to safeguard the community. BCHU will follow Directive 6 requiring employee vaccination or the education/testing/full PPE option, and will recommend the same for other employers, within the balance of individuals' rights.

Should municipalities implement this policy for employees and anyone entering a municipal building? The City is working through this. The County had hoped for provincial direction to protect their staff not only from infection but also from verbal abuse. More messaging within legal boundaries was suggested.



**13. ADJOURNMENT**

**Moved by: David Bailey**

**“THAT the Board of Health meeting be adjourned at 11:17 a.m.”**

**Carried.**

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date