

**BRANT COUNTY BOARD OF HEALTH  
REGULAR AGENDA  
Wednesday, February 16, 2022, 9:30 a.m, Virtual**

**1. CALL TO ORDER**

*Vice-Chair Nancy Church*

**2. CONFLICT OF INTEREST**

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

**4. APPROVAL OF MINUTES**

**4.1** Motion to approve Brant County Board of Health Minutes of January 19, 2022 \*

*All*

**5. INCAMERA**

**6. FINANCIAL REPORT**

**6.1** Financial Position—2021 Year-End Update

*Lisa DiDonato*

**6.2** Ministry of Health 2022 Annual Service Plan & Budget Submission

*Lisa DiDonato*

Motion to accept reports as presented.

**7. STANDING REPORTS & BUSINESS ARISING FROM PREVIOUS MINUTES**

**7.1** Report from the Chair

*Past-Chair John Bell*

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

*Dr. Rebecca Comley*

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

*Jo Ann Tober*

**7.4** Food Safety Disclosure Report

*No report*

**7.5** COVID-19 Reports

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

*Dr. Rebecca Comley*

**7.5.2** COVID-19 Immunization Report \*

*Jo Ann Tober*

**7.6** Strategic Planning

*Nancy Church*

Motion to accept reports as presented.

**8. NEW BUSINESS & PROGRAM REPORTS**

**8.1** Human Resources Report \*

*Brent Richardson*

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 Haliburton, Kawartha, Pine Ridge District Health Unit, dated January 20, 2022, re support for local boards of health vs regional.

**9.2** Correspondence from the Ministry of Health, dated January 21, 2022, re one-time funding approvals for 2021-2022 and 2022-2023.

- 9.3 Correspondence from Peterborough Public Health, dated February 3, 2022, re COVID-19 vaccine and the Immunization of School Pupils Act.
- 9.4 Order in Council from the Province of Ontario, dated February 3, 2022, re re-appointment of Susan Brown to the Board of Health.
- 9.5 Order in Council from the Province of Ontario, dated February 3, 2022, re re-appointment of Joy O'Donnell to the Board of Health.

Motion to receive the correspondence.

## 10. QUESTIONS / ANNOUNCEMENTS

## 11. FUTURE AGENDA ITEMS

- 11.1 Brantford Brant Ontario Health Team Update (*March*)

## 12. NEXT MEETING DATE

Wednesday, March 16, 2022.

## 13. ADJOURNMENT

*Chair*

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

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

**BRANT COUNTY BOARD OF HEALTH MEETING on February 16, 2022**  
**REPORT #: 7.2**

**FROM:** Dr. Rebecca Comley, Acting Medical Officer of Health  
**REPORT DATE:** February 10, 2022  
**RE:** Medical Officer of Health's Report  
for the period January 17, 2022 to February 10, 2022

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**Emergency Management**

- Ongoing meetings with Emergency Management partners through EOC

**Community Partnerships**

- Collaboration with Primary Care
- Ongoing dialogue with Six Nations
- Assistance in public health messaging for EMS

**Environmental Health**

- Began reviewal process of some inspection protocols and procedures
  - Disinternment protocols
  - Guidance regarding Drinking Water haulage

**Training/ Continuing Education**

- Media training – Warren Weeks; completed orientation
- Weekly mentorship – Dr. Joyce Lock

**Drug Strategy**

- Participated in monthly meeting with drug strategy taskforce

**BRANT COUNTY BOARD OF HEALTH MEETING of February 16, 2022**  
**REPORT #: 7.3**

**FROM:** Jo Ann Tober, Chief Executive Officer  
**REPORT DATE:** February 9, 2022  
**RE:** Chief Executive Officer Report

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**Brantford Brant Ontario Health Team (BBOHT) Update**

The BBOHT was meeting on a weekly basis to facilitate the COVID-19 pandemic response and to address Human Resources challenges. Ben Deignan, the Director for the OHT has been invited to the March Board of Health meeting to provide a presentation on the local health team.

**Ministry Reporting**

Ministry reports are being requested on an early schedule and with short timelines due to the approaching provincial election. The fourth quarter financial statements were submitted to the Ministry of Health as requested by January 31, 2022. An abbreviated Annual Service Plan involving the provincial 2022 budget submission is due on March 1. Ministry staff have indicated that submissions by the deadline are required to expedite budget approvals prior to the writ being dropped for the election. Health units who do not submit by the timelines are at risk of not receiving budget approvals in the spring.

**COVID-19 Response**

The majority of Health Unit resources continue to be deployed to address the COVID pandemic for both case management and the vaccination program.

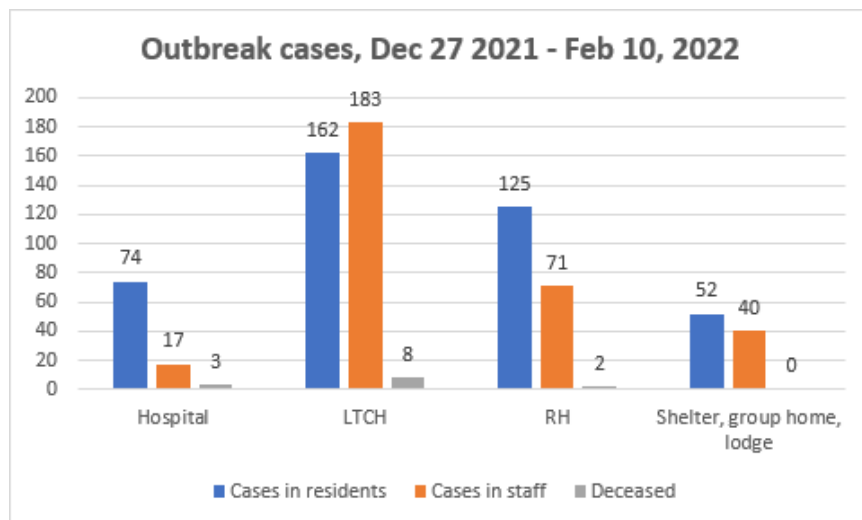
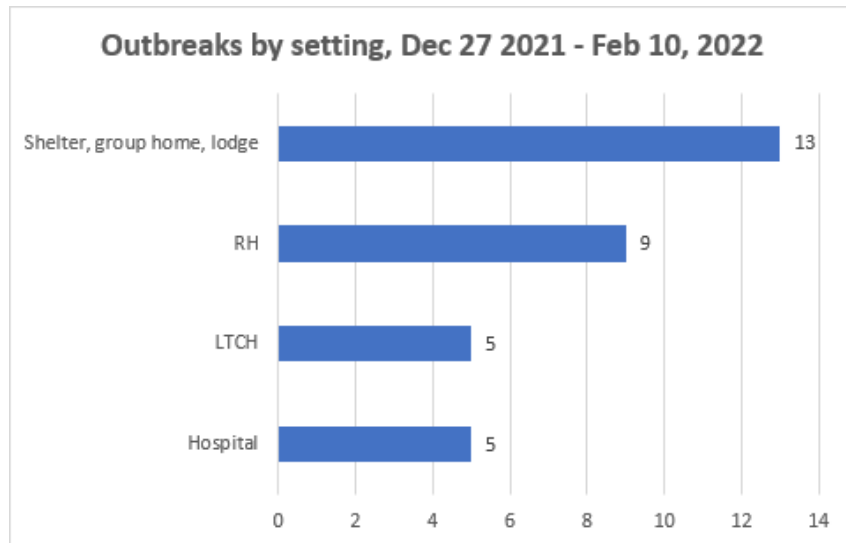
**BRANT COUNTY BOARD OF HEALTH MEETING of February 16, 2022**  
**REPORT #: 7.5.1**

**FROM:** Dr. Rebecca Comley, Acting Medical Officer of Health  
**REPORT DATE:** February 10, 2022  
**RE:** COVID-19 Case Management Report  
for the period January 19, 2022 to February 16, 2022

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**Long-term Care/Retirement home/Hospital Outbreak Management**

- Brant County Health Unit Outbreak Team continued to manage and support outbreaks in congregate settings. Through January, the number of outbreaks consistently decreased. A summary of outbreak statistics is included below.
- Human resource challenges improved over this time period.
- Ongoing attention was made to facilitating outbreak management decisions and transferring patients between facilities in the setting of outbreaks.



### **Schools Management**

- Schools in Brant reopened on Jan. 17 with a new approach to COVID case management. A shift in the approach occurred provincially, from individual case management and cohort dismissal to messaging focused on personal management: staying home when sick and isolating one's household.
- The new metric of absenteeism was implemented, which is collected and reported by the schools, to identify hotspots or schools with higher-than-expected absences. To date, there has not been any significant sustained trends of absenteeism with respect to the schools
- The BCHU Schools Team continues to meet with both school boards weekly to discuss public health measures in schools. We continue to provide advise around re-introduction of activities in schools
- The partnership with schools has allowed for smooth integration of school-based vaccination clinics to increase access and opportunity for vaccination.

### **Vaccination**

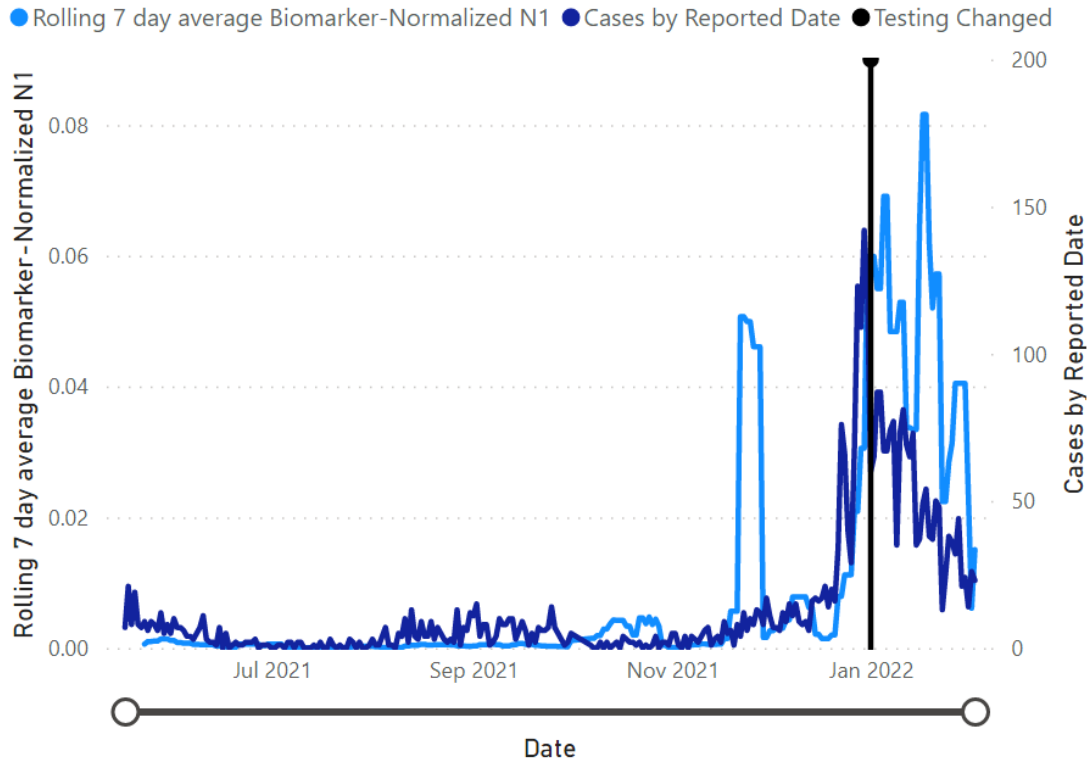
- Improving vaccination rates has continued to be a major focus of attention in January. We have been putting a large emphasis on booster vaccination rates; in particular, those individuals who are higher risk, namely the 50+ population. Improving our booster dose rate in this age-group will have the largest impact in preventing hospitalizations. This focus has been directed through our increased availability in clinics, public messaging about the significant protection provided by the booster, as well as working on community partnerships.
- We continue to work on our pediatric vaccination rate, which is below the provincial average. We have committed to visit every school in our jurisdiction to provide an additional opportunity for vaccination. Schools have been accommodating parents who wish to be present.
- I continue to review and update policies and procedures with respect to vaccination guidance and provide individual consultation regarding specific vaccination concerns.

### **Communications**

- Media communication continues regularly regarding public health measures, vaccination information, as well as Omicron statistics.
- We have incorporated wastewater statistics in our public facing data, with some links to provincial information and the limitations of this data. A screenshot of the information posted on February 6 is included below.

**This data will be updated weekly on Wednesdays.**  
Last updated: February 9, 2022

### Brantford COVID-19 Wastewater Surveillance



**Data notes:**

- Wastewater surveillance is funded and coordinated by the Ministry of the Environment, Conservation and Parks (MECP). Laboratory analyses for Brant region are done by McMaster University.
- Wastewater is being sampled 3x per week in Brantford only, County of Brant is not included. The estimated population size of the sewershed being sampled is 104, 074 people; therefore, this wastewater data is estimated to cover 67.8% of Brant County Health Unit's total population.
- COVID-19 cases are displayed by reported date in this data and include postal codes that are within the sewershed boundary based on the 2020 Postal Code Conversion File.

**Limitations:**

- The wastewater data includes data from people using the washrooms within Brantford - this will include anyone coming into Brantford for work or travel but may not necessarily live here.
- There can be short term variation in the viral signal which can be impacted by sources such as snow melt or rain. We are displaying a 7-day rolling average of Biomarker-Normalized N1.
- As of December 31, 2021 testing for COVID-19 has been limited to only include the most vulnerable individuals as well as individuals associated with the highest risk settings. The number of cases reported after January 1, 2022 is an underestimate of the number of cases within the community,
- Wastewater data should not be looked at on its own. It is important to review the wastewater data along with other [COVID-19 data sources](#) for a more accurate picture of COVID-10 activity in Brant.

For information on the role of wastewater testing for COVID-19 surveillance, click here: [The Role of Wastewater Testing for SARS-CoV-2 Surveillance - Ontario COVID-19 Science Advisory Table \(covid19-sciencetable.ca\)](#).

For information on the Ontario Wastewater Surveillance Initiative, click here: <https://cwco.ca/wp-content/uploads/2021/01/Ontario-Wastewater-Surveillance-Initiative-01-08-21-v1-FINAL-s.pdf>

**BRANT COUNTY BOARD OF HEALTH Meeting of February 16, 2022**  
**REPORT #: 7.5.2**

**FROM: Jo Ann Tober, Chief Executive Officer**  
**REPORT DATE: February 9, 2022**  
**RE: COVID Immunization Report**

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The COVID-19 immunization program continues to provide multiple daily mass vaccine clinics as well as an increased number of mobile clinics.

Mobile teams have delivered vaccinations to Long-Term Care Homes, Retirement Homes and Congregate settings where residents are eligible for fourth doses. Staff at these settings are required to have a mandatory third dose booster and these vaccinations were also provided.

Efforts have been focused on children 5 to 11 years of age to provide both first doses and second doses. School clinics are underway. A specific webpage has been added to the Brant County Health Unit website to provide information to parents and to answer questions to help decrease vaccine hesitancy. Provincial messages have been amplified through local media channels and resources such as the Sick Kids information line have been promoted locally.

Booster doses for adults 18+ years of age are also being promoted with special attention on the 50+ population who are at increased risk of more severe outcomes should they contract the virus.

A Pfizer vaccine for children less than 5 years of age has been submitted for approval in the United States. It is anticipated that this Pfizer vaccine will be submitted to Health Canada for approval following approval in the United States.

To facilitate access for local residents, walk-ins are being promoted and are accepted at all vaccine clinics.

Up-to-date coverage information will be provided at meeting



**BRANT COUNTY BOARD OF HEALTH MEETING of February 16, 2022**  
**REPORT #: 8.1**

**FROM:** Brent Richardson, Director, Human Resources  
**REPORT DATE:** February 9, 2022  
**RE:** 2021 Human Resources Annual Report

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The purpose of this report is to provide information from 2021 as it relates to Human Resources and the provision of support to the organization. The past year provided many challenges as we navigated the ever-changing COVID 19 Pandemic. There were unprecedented demands for staffing as we pivoted to accommodate the mass immunization clinics and their increased staffing demands when the pressure on health human resources was at an all-time high across the Province and Nation. The need to enhance health and safety protocols and to adapt to an evolving and every changing work environment provided an opportunity for us to grow in many ways. While juggling many urgent needs and priorities through many waves of the global pandemic, open lines of communication were maintained with management, staff, and bargaining units all while keeping a keen eye on the health and wellbeing of staff.

**STAFF DEMOGRAPHICS**

Brant County Health Unit employs a broad range of professionals including Public Health Nurses, Public Health Inspectors, Dieticians, Registered Practical Nurses, Planners, Epidemiologist, etc.



**2021 Number of Employees: 120**

Unionized employees: **102**

Non-Unionized employees: **18**

Full time: **110**

Part time: **10**

2020 Number of Employees: 117

2019 Number of Employees: 123

## Succession Management

Overall, the trend of retirements slowed in 2021, likely large due to the impacts of the pandemic as it dragged on for another year. We do, however, anticipate as we progress into pandemic recovery in 2022 some staff who deferred retirement and are currently eligible to retire (55 years or older) may elect to do so.

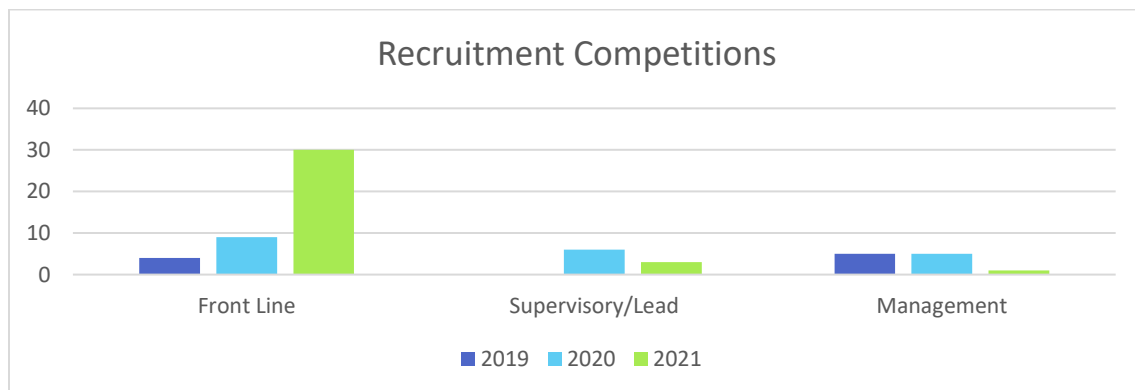
As we track these developments, we continue our workforce planning initiatives aimed at reducing the knowledge and experience gap when our senior staff leave. To bridge the gap, we have implemented formal and informal mentoring including with students and leadership opportunities for frontline staff where possible.

We currently have 22 staff that based on their age as of December 31<sup>st</sup>, 2021, are eligible to retire. The normal age retirement for our staff is sixty-five (65). They are first eligible for early retirement at fifty-five (55) years of age. There are several factors including years of service, previous contributions, etc. that could also have an impact on their decision to retire.

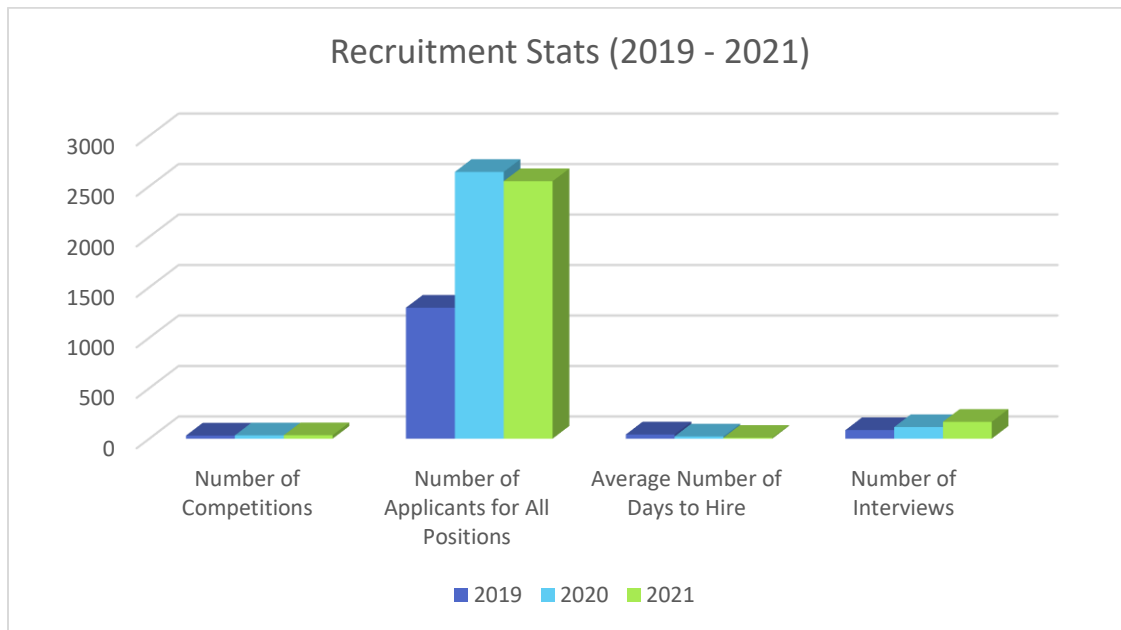
**Team leads and Supervisors** – As part of the Succession Management plan we introduced team leads and supervisors to assist with the pandemic response and to build leadership capacity among the teams. This has proven to be a valuable resource, not only for the staff that are being further supported by these leads, but also for the management team who are able to communicate more effectively with their staff. This continues to be reinforced during our COVID 19 response when staff were working remotely and the information and guidance changes rapidly.

## RECRUITMENT

In 2021, we experienced an increase in recruitment by 3.03%. The Health Unit saw a decrease in applicants in a highly competitive job market by 3.48% and an increase in number of interviews by 45.2%. As we refined our processes, we found efficiencies out of necessity to further reduce our time to hire and expedite getting valuable resources hired, and oriented to provide the needed support and assistance for our emergency response.



<p><b>2021 Recruitment Statistics:</b>                  Number of competitions: <b>34</b>                  Number of applicants for all positions: <b>2550</b>                  Average Number of days to hire: <b>9</b>                  Number of interviews: <b>167</b></p>	<p><b>Change from 2020 to 2021</b>                  Increase in number of competitions: <b>3.03%</b>                  Decrease in number of applicants by <b>3.48%</b>                  Decrease in days to hire from 2020 to 2021: <b>59.09%</b>                  Increase in number of interviews by <b>45.2%</b></p>
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## TURNOVER

In 2021, our turnover rate was down almost 6% year over year. A number of reasons for departures were provided including, other career opportunities, developmental opportunities, relocation, COVID and retirement.

Turnover rate for 2021: **10%** (12 employees)

- 8.33% Retirements (1 employee)
- 75% Resignations (9 employees)
- 8.33% Layoff (1 employee)
- 8.33% Employee Death (1 employee)

Turnover rate for 2020: 15.8%

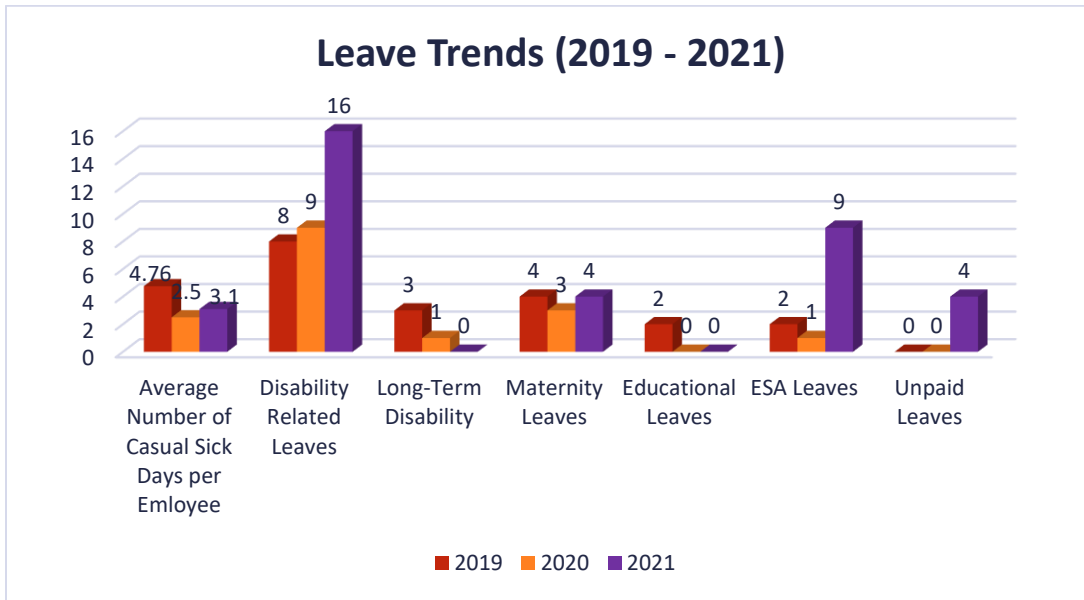
Turnover rate for 2019: 17%

## DISABILITY MANAGEMENT

Regular Full Time and Part time staff have paid sick leave benefits available to them. We've seen an increase in employee reporting and tracking of sick time via our electronic timecards which were implemented in 2020.

There was a slight increase in the incidental sick leave benefit utilization in 2021. This can be attributed to our increased electronic reporting and COVID, as most of our staff transitioned from the work from home environment to in person work in clinics.

As COVID continued to dominate our lives in 2021, employers across many sectors including health care have seen significant increases in short term leaves for mental health reasons as the pandemic continues to take a toll. Additionally, we had an increase in ESA leaves as staff utilized the Infectious Disease Emergency Leave or the Canada Recovery Caregiving Benefit as a result of childcare needs related to school closures/COVID-19.



Casual Sick Days Total 2021: **377** (2020: 277; 2019: 585.78)

Average Number of Casual Sick Days per Employee: **3.1** (2020 Average: 2.5)

Short-Term Disability Leaves: **16**

Long-Term Disability: **0**

Maternity Leaves: **4**

Educational Leaves: **0**

ESA Leaves (Infectious Diseases Emergency Leave or Canada Recovery Caregiving Benefit): **9**

Unpaid Leaves: **4**

## LABOUR RELATIONS

### Number of grievances:

ONA Allied (General): 2

ONA Nursing: 2

We continue to have strong working relationships with our two bargaining units. We have been faced with many unique pandemic challenges that impacted the collective agreement including many scheduling changes often at short notice, such as redeployment of staff into clinic settings. Our strong relationships and open communication have allowed us to work together as a team toward the goal of supporting our community during the COVID-19 Pandemic.

Each Bargaining Unit filed grievances on two matters in 2021. The Nursing grievances have both been resolved. The Allied grievances remain active/open as we continue to work together with ONA to resolve these matters.