



Haldimand-Norfolk Health Unit – Special Board of Health

June 8, 2021
2:00pm
Council Chambers
2nd Floor County Administration Building
50 Colborne Street South, Simcoe*

Live Stream: www.norfolkcounty.ca/watch-norfolk-county-meetings/

*Due to Covid-19 restrictions, there is no public access to Council Chambers. Proceedings are web-streamed live and archived on the County's website. Deputations are presented electronically.

1. **Approval of Agenda**

2. **Disclosure of Pecuniary Interest**

3. **Presentations**

A) COVID-19 Verbal Update - Acting General Manager

4. **Staff Reports/Discussion Items**

A) Staff Report HSS 21-11 (Deferred from June 1, 2021 Board of Health Meeting)
Re: [Public Health Management Overtime Policy](#) 3

5. **Closed Session**

A) Discussion item: Public Health Management Overtime Policy
Pursuant to Section 239 (2) (d) of the Municipal Act, 2001 as amended as the subject matter pertains to labour relations or employee negotiations.

6. **Confirming By-Law**

A) By-law 2021-14-BH 31
[Being a By-Law to Confirm the Proceedings of The Board of Health for the Haldimand-Norfolk Health Unit at this Board of Health Meeting held on the 8th of June 2021.](#)

7. Adjournment

Contact Information

Kevin Klingenberg, Deputy County Clerk

Kevin.Klingenberg@norfolkcounty.ca





Board of Health – June 01, 2021

Subject: Public Health Management Overtime Policy
Report Number: HSS 21-11
Division: Health and Social Services
Department: Health and Social Services Administration
Purpose: For Decision

Executive Summary:

The Ministry of Health requires that a Board of Health have a Corporate Policy on non-contractual overtime payments for this to be included in the annual service plan funding application. Staff have previously issued reports including the latest report CS21-10 on February 2, 2021 for a determination of a special overtime compensation policy for Health Unit staff related to the COVID pandemic. The Board of Health at the February 2, 2021 meeting made a decision for overtime payment, but did not set a go forward policy that can be referred to by staff for our current and future funding applications.

This report does not encompass the compensation for overtime to the Medical Officer of Health or non-public health staff that are involved in COVID efforts.

Discussion:

As previously noted staff filed for overtime costs from the Ministry as part of the 2020 funding submission. Prior to payment of any received funds staff require approval from Council for this temporary policy change to deal with the COVID pandemic. Staff are able to include overtime costs in the 2021 funding submission if a local corporate policy exists to support payment of these costs.

Staff have provided previous suggestions on policy considerations for the Board of Health to consider. Staff recommend a policy in which the following characteristics are included:

- 1) That payments will only be made if it is funded from the Ministry, there should be no impact on the tax levy.
- 2) There be a reasonable allowance for usual unpaid overtime, management compensation is based upon the premise that some unpaid overtime is required from time to time.
- 3) There is appropriate management oversight for the recording of overtime.
- 4) A maximum amount of overtime is established.

Financial Services Comments:

Financial services will only recommend a policy that requires funding from the Ministry.

Interdepartmental Implications:

There are potential implications to other departments. Any payments to management employees in other parts of the corporation (for example the Long Term Care Home, Paramedic Services, Corporate Services) would be subject to a separate report to Council.

Consultation(s): None

Strategic Plan Linkage:

This report aligns with the 2019-2022 Council Strategic Priority "Focus on Service".

Explanation:

Due to the lack of resources, overtime has been required from all staff. Unionized staff are compensated for additional hours and or other schedule requirements, management staff are not compensated for these additional requirements.

Conclusion:

That the Board of Health set a policy for non-union overtime compensation related to the COVID pandemic. The policy can range from no additional overtime compensation to a previous recommendation to Council or to some other decision of the Board.

Recommendation(s):

THAT this report be received for information by the Board of Health.

AND THAT Board of Health provide recommendations to staff for provisions related to a policy for non-union overtime compensation.

Attachment(s):

Board of Health February 2, 2021 Report.

Submitted By:

Jason Burgess
CAO

For more information, call:
519-426-5870 ext.1225

Reviewed By:

Heidy VanDyk
GM Health and Social Services

For more information, call:
519-426-6170 ext. 3120



Board of Health – February 02, 2021

Subject: Haldimand-Norfolk Health Unit COVID-19 Extraordinary Costs
Funding
Report Number: CS 21-10
Division: Corporate Services
Department: Financial Services
Purpose: For Decision

Executive Summary:

The Ministry of Health has allowed for Boards of Health to submit for reimbursement of extraordinary costs arising from the COVID-19 pandemic. The funding is to be used to offset 2020 levy supported Public Health pandemic costs. Staff submitted for total costs of \$6,133,777, of which \$5,338,200 was deemed eligible and approved for reimbursement by the Ministry. The items deemed eligible for reimbursement included but are not limited to redeployed staff time and overtime (paid and accrued unpaid), both County's interim care centres, and all other eligible medical and operating supplies and equipment. The items ineligible for reimbursement included the Electronic Medical Records (EMR) system and the FTEs not approved for by the Board of Health.

Discussion:

On April 23, 2020, the Ministry of Health (MOH) announced to Boards of Health in Ontario that \$100 million would be made available to support Health Units' extraordinary costs in their efforts to monitor, detect and contain the COVID-19 pandemic within the Province. Health Units were required to track costs separately from base programs in order to submit a request for reimbursement.

The Haldimand-Norfolk Health Unit is unique in that it requires costs to be tracked separate from those of Norfolk County's municipal expenses. At the onset of the pandemic, Financial Services staff set up a work order tracking system to identify COVID-19 costs separately from base Health Unit programs.

Through the efforts of the entire Corporation, including Health Unit staff and Haldimand County, Financial Services staff were able to determine which costs were attributable to Public Health and complete an application to the MOH that was submitted on September 18th, 2020.

The total amount requested for reimbursement was \$6,133,777. Included in this claim were costs for redeployed staff, overtime (paid and accrued unpaid), both County's

interim care centres, eligible medical and operating supplies and equipment to name the larger costs.

Once submitted, staff worked with the MOH to provide additional support for the amounts and details included in the application and to answer any questions that followed. As a result, the Ministry approved the application while making note that final approvals should be communicated to Boards of Health near the end of the calendar year. On December 30th, 2020 the MOH communicated the Health Units' approved allocation.

The Haldimand-Norfolk Health Unit was approved for \$5,338,200 in one-time COVID-19 Extraordinary Costs funding. The funding is 100% Provincial and does not require a Municipal cost share. In early 2021, the MOH communicated the items deemed ineligible for funding; the Electronic Medical Records (EMR) system and FTEs not approved by the Board of Health (HSS 20-21) as the application included the original full 30.0 FTE COVID-19 team compliment as well as the equipment and supplies to support those FTEs. All other costs were deemed eligible, including but not limited to redeployed staff time, paid and accrued unpaid overtime and both interim care centres. Additional details on eligible extraordinary costs can be found in Schedule B, on page 9 of the Attachment 1 - Public Health Funding and Accountability Agreement.

Without the funding of the EMR, management has placed this project on hold. Recent changes and increased features to the existing Provincial software has allowed the Health Unit with support from the Corporate Services team to develop a partial work from home strategy. This will reduce the department's operational risks and provide some greater flexibility for staff. Management will re-apply for funding for the EMR system at a later date. The long term modernization of Health Unit records would still be a priority after the COVID response has concluded. The MOH has communicated that a similar application process will be made available for the 2021 calendar year and the MOH may also allow health units to apply for costs that arose in 2020 subsequent to the previous submission period.

Previously deferred matter – Management Overtime Compensation

Previously an in-camera report was presented to Council regarding management overtime compensation. This issue was deferred by the Board of Health in order to await more information including confirmation regarding the Ministry's funding. We have now received the funding that was applied for by the Health Unit for this matter, which was applied for in a similar manner as many other health units. Management will pay out the funds pursuant to the terms of the submission.

The MOH has informed us that additional funding intakes for extraordinary costs will be made available to the health unit. The CAO has recognized that the submission for these specific costs were outside our existing policies and Board of Health approval should have been obtained prior to that submission. As such prior to any further submission the Board of Health should provide specific direction to management on this

issue. The CAO had previously solicited input from Board members on this topic as well as input from Haldimand County on this matter. The payment of overtime compensation to management in the health unit is not taken lightly as it has serious implications not only in the Health Unit but across other Norfolk County departments and within Haldimand County. The implications are due to the fact that you will have inconsistency between employee compensation approaches based on the departments that they work in.

Prior to submitting for costs to the MOH again, staff are recommending that the Board of Health provide management with firm direction on this issue, by choosing one of the following options or another option as they deem appropriate:

Option 1

Endorse a policy based approach for any future applications for funding from the MOH for management overtime compensation.

Staff's suggested policy based approach would contain the following key attributes, the full policy will be developed subsequently by staff. Key attributes are:

- No Health Unit management overtime compensation will be paid unless it is funded by the Ministry. In other words there can be no negative impact on the tax levy.
- Applications for funding for overtime compensation will reflect a reasonable amount of assumed unpaid overtime for management staff. This amount will be set at an average of 44 hours per week, in other words until an employee exceeds 44 hours a week on average for the funding period no overtime compensation will be applicable.
- Total overtime compensation cannot exceed 20% of an individual's normal compensation or salary levels for that period.
- Overtime over the 44 hours in weekly period will require specific approval from leadership and any overtime exceeding 55 hours will require approval from the GM of Health and Social Services or the CAO.

This option provides a number of increased controls for overtime use and compensation.

The proposed attributes of this approach is less generous to the employees than what was previously approved for funding by the MOH on our last submission. The MOH essentially approved all overtime at straight time. This option would reduce future requests to the MOH for funding on this matter as there would be less overtime eligible for funding.

Option 2

Direct management maintain existing policies and as such to no longer apply for overtime based compensation for management staff.

This option will likely have negative human resource impacts for the Health Unit specifically.

Financial Services Comments:

The Approved 2020 Board of Health Operating Budget includes \$636,700 for the COVID-19 team, as amended with report HSS 20-21. At this point, staff anticipate the allocated funding will be fully utilized to help offset the financial impact COVID-19 has had on the levy budget. The funding will be reconciled during the MOH's annual settlement process, typically occurring during calendar Q2. Should costs exceed the funding, the 2020 cost share for the Health Unit is approximately 40.88% Haldimand and 59.12% Norfolk.

Regarding the options presented, both are designed so that there is no impact to the local taxpayer.

Interdepartmental Implications:

N/A

Consultation(s):

General Manager, Health & Social Services
Director, Haldimand-Norfolk Health Unit
Director, Quality, Planning, Accountability and Performance
Haldimand County Corporate Services

Strategic Plan Linkage:

This report aligns with the 2019-2022 Council Strategic Priority "Build Solid Foundations".

Explanation:

Utilizing Provincial grant funding to offset any potential deficits resulting from unbudgeted COVID-19 extraordinary pandemic costs is linked to Norfolk County's initiative for financial sustainability.

Conclusion:

The Haldimand-Norfolk Health Unit received \$5.3 million from the Ministry of Health to be used to offset extraordinary costs and financial pressures arising from the COVID-19 pandemic during the 2020 calendar year. The amount was determined through consultation with Haldimand County and processes set up to track Public Health costs separate from Municipal costs and base programs.

Staff would like to acknowledge the Ministry of Health and the Province of Ontario for their commitment to supporting the Board of Health and the municipal taxpayers during these difficult times.

For future submission, the Board of Health can direct staff on the preferred policy.

Recommendation(s):

THAT Report CS 21-10 Haldimand-Norfolk Health Unit COVID-19 Extraordinary Costs Funding be received as information;

AND THAT the \$5,338,200 in COVID-19 Extraordinary Costs Funding from the Ministry of Health be accepted;

AND THAT Council directs staff to be guided by Option __ (Council to insert Option # 1 or #2) __ for future Health Unit management overtime issues related to the COVID19 response;

AND FURTHER THAT the Board of Health endorse funding be applied against eligible COVID-19 levy funded expenditures within the Approved 2020 Board of Health Operating Budget.

Attachment(s):

Attachment 1 - Public Health Funding and Accountability Agreement

Submitted By:
Jason Burgess
CAO
For more information, call
519-426-5870 ext.1284

Reviewed By:
Kathy Laplante
Treasurer
For more information, call:
519-426-5870 ext. 1284

Reviewed By:
Megan Soles
Manager, Strategic Planning and
Reporting
For more information, call:
519-426-5870 ext. 1276

Prepared By:
Michael VanSickle
Financial Analyst
For more information, call:
519-426-5870 ext. 1345

New Schedules to the Public Health Funding and Accountability Agreement

**BETWEEN THE PROVINCE AND THE BOARD OF HEALTH
(BOARD OF HEALTH FOR THE HALDIMAND-NORFOLK HEALTH UNIT)
EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2020**

**SCHEDULE "A"
GRANTS AND BUDGET**

Board of Health for the Haldimand-Norfolk Health Unit

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2020 TO DECEMBER 31, 2020, UNLESS OTHERWISE NOTED)			
Programs/Sources of Funding	2019 Approved Allocation (\$)	Increase / (Decrease) (\$)	2020 Approved Allocation (\$)
Mandatory Programs (70%)	5,757,300	(325,400)	5,431,900
MOH / AMOH Compensation Initiative (100%) ⁽¹⁾	121,000	(17,400)	103,600
Ontario Seniors Dental Care Program (100%)	537,900	-	537,900
Total Maximum Base Funds⁽²⁾	6,416,200	(342,800)	6,073,400

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2020 TO MARCH 31, 2021, UNLESS OTHERWISE NOTED)		
Projects / Initiatives		2020-21 Approved Allocation (\$)
Mitigation (100%) ⁽³⁾		325,400
Mandatory Programs: Public Health Inspector Practicum Program (100%)		10,000
COVID-19: Extraordinary Costs (100%)⁽³⁾		5,338,200
COVID-19: Public Health Case and Contact Management Solution (100%) ⁽⁴⁾		25,200
COVID-19: School-Focused Nurses Initiative (100%) ⁽⁵⁾	# of FTEs	335,000
Capital: Expansion of Dunnville Satellite Office (100%) ⁽⁶⁾	5.0	125,000
MOH / AMOH Compensation Initiative (100%)		6,900
Ontario Seniors Dental Care Program Capital: New Dental Operatory and Upgrades – Health and Social Services(100%) ⁽⁶⁾		300,000
Ontario Seniors Dental Care Program Capital: New Operatory and Dental Suite – Dunnville Satellite Office (100%) ⁽⁶⁾		323,000
Temporary Pandemic Pay Initiative (100%) ⁽⁷⁾		64,900
Total Maximum One-Time Funds⁽²⁾		6,853,600

MAXIMUM TOTAL FUNDS	2019-20 Approved Allocation (\$)	2020-21 Approved Allocation (\$)
Base and One-Time Funding	6,416,200	12,927,000

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)		
Projects / Initiatives		2021-22 Approved Allocation (\$)
Mitigation (100%) ⁽⁸⁾		325,400
COVID-19: School-Focused Nurses Initiative (100%) ⁽⁹⁾	# of FTEs	165,000
Total Maximum One-Time Funds⁽²⁾		490,400

NOTES:

- (1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
- (2) Maximum base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when the Province provides a new Schedule "A".
- (3) One-time funding is for the period of January 1, 2020 to December 31, 2020.
- (4) One-time funding is approved for the period of June 15, 2020 to March 31, 2021.
- (5) One-time funding is approved for the period of August 1, 2020 to March 31, 2021.
- (6) One-time funding is approved for the period of April 1, 2020 to March 31, 2021, or such later EXPIRY DATE as agreed to by the parties.
- (7) One-time funding is approved for the period of April 24, 2020 to August 13, 2020.
- (8) One-time funding is approved for the period of January 1, 2021 to December 31, 2021.
- (9) One-time funding is approved for the period of April 1, 2021 to July 31, 2021.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	BASE FUNDING
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Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province (to be provided).

Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

To achieve this, the Board of Health is expected to:

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>BASE FUNDING</i>
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- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
 - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
 - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
 - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
 - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of NARCAN® Nasalspray

The Board of Health will be required to submit orders for Narcan to the Province in order to implement the Harm Reduction Program Enhancement. By receiving Narcan, the Board of Health acknowledges and agrees that:

- Its use of the Narcan is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with the Narcan.
- The Province takes no responsibility for any unauthorized use of the Narcan by the Board of Health or by its clients.
- The Board of Health also agrees:
 - To not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
 - To comply with the terms and conditions as it relates to the use and administration of Narcan as specified in all applicable federal and provincial laws.
 - To provide training to persons who will be administering Narcan. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of Narcan.
 - To follow all provincial written instructions relating to the proper use, administration, training and/or distribution of Narcan.
 - To immediately return any Narcan in its custody or control at the written request of the Province at the Board of Health’s own cost or expense.

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>BASE FUNDING</i>
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- That the Province does not guarantee supply of Narcan, nor that Narcan will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit synthetic opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of “real-time” qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action. They should also include reporting to the province through a mechanism currently under development.

Mandatory Programs: Healthy Smiles Ontario Program

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and “look and feel” across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health’s Communications and Marketing Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in the Standards Activity Reports, Annual Reports, and Annual Service Plan and Budget Submission.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.

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Type of Funding	<i>BASE FUNDING</i>
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- Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
- Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented. Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

Mandatory Programs: Nursing Positions

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses’ Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:

- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,

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Type of Funding	<i>BASE FUNDING</i>
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- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario Strategy

The Smoke-Free Ontario Strategy is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the *Smoke-Free Ontario Act, 2017*.

MOH / AMOH Compensation Initiative (100%)

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

STAGE 1: Beginning Fall 2019 – The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services are

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>BASE FUNDING</i>
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available for eligible seniors through Boards of Health and participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and is provided to eligible low-income seniors through Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

STAGE 2: Beginning Winter 2020 – The second stage of the program, which began in winter 2020, and will continue throughout the year, will expand the program by investing in new dental clinics to provide care to more seniors in need. This will include new dental services in underserved areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program began in Winter 2020 and will continue throughout the year.

Program Enrolment

Program enrolment is managed centrally and is not be a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors’ signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

Program Delivery

The OSDCP will be delivered through Boards of Health, and participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

Base funding for the OSDCP must be used by the Board of Health in accordance with the OSDCP-related requirements of the Oral Health Protocol, 2018 (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health can allocate base funding for this Program across the program expense categories, with every effort to be made to maximize clinical service delivery and minimize administrative costs.

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Type of Funding	<i>BASE FUNDING</i>
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Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
 - Overhead costs associated with the Program’s clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.

- *Oral health navigation costs*, which are comprised of:
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program’s clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program’s clients.
 - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
 - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
 - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are **not** eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the Oral Health Protocol, 2018 (or as current), which are not related to the OSDCP.

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Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is requested to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

Revenue

- The Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health’s responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

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Type of Funding	ONE-TIME FUNDING
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Mitigation (100%)

One-time mitigation funding must be used to offset the increased public health program costs of municipalities as a result of the cost-sharing change.

Mandatory Programs: Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire the approved Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student’s term.

COVID-19: Extraordinary Costs (100%)

One-time funding must be used by the Board of Health to offset extraordinary costs associated with monitoring, detecting, and containing COVID-19 in the province.

Eligible costs include, but are not limited to:

- Salaries and benefits associated with surveillance, case and contact management (investigation/follow-up), inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff) to assist with COVID-19 response, staff used or engaged to manage COVID-19 reporting requirements, management staff related to COVID-19 activities, and back-filling of staff who have been re-assigned to support COVID-19 response.
- Travel and accommodation for staff delivering COVID-19 service away from their home base, or for staff to conduct the infectious disease surveillance demands (swab pick ups and laboratory deliveries).
- Supplies and equipment, including laboratory testing supplies, information and information technology upgrades related to tracking COVID-19, and replenishment of inventories for the delivery of mandatory public health programs and services.
- Purchased services, including security services, transportation services including courier services and rental cars, data entry or information technology services for reporting COVID-19 data to the ministry from centres in the community that are not operated by the public health unit or increased services required to meet pandemic reporting demands, staff wellness initiatives (i.e., increased Employee Assistance Program services), and additional premises rented.
- Communications, including media announcements, public and provider awareness, signage, and education materials.

The Board of Health is required to retain records of COVID-19 spending for future follow-up.

COVID-19: Public Health Case and Contact Management Solution (100%)

The Provincial Case and Contact Management Action Plan aims to ensure case and contact management is effective in containing the spread of COVID-19 by:

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- Supporting public health units with additional centralized resources;
- Expediting data entry to speed process and provide timely analytics;
- Integrating with supporting provincial systems and services; and,
- Improving technology tools and providing one provincial system.

To that end, the Public Health Case and Contact Management (CCM) I&IT Solution will be used for Ontario to manage cases and contacts of COVID-19. Built on the Salesforce platform, this provincially-funded solution replaces the use by public health units of the integrated Public Health Information System (iPHIS) for COVID-19 case and contact management and reporting.

The goal is to streamline public health unit processes through improved system workflows for COVID-19 case and contact management. This will include eventual elimination of faxed lab results through direct integration of lab records from the provincial laboratory repository (OLIS) with the CCM Solution, working in close collaboration with Ontario Health to ensure the quality, timeliness, and completeness of OLIS data. Provincial reporting will continue to occur from iPHIS CRN without the need for re-entering data. The CCM Solution will also support remote workforces and have efficient onboarding with a secure two-factor authentication process replacing the need for VPN tokens.

One-time funding must be used by the Board of Health for costs associated with onboarding and ongoing operations of the components of the CCM Solution already implemented, as well as to adopt components of the CCM Solution scheduled for implementation and the associated readiness activities and business process transformation.

Conduct Ongoing Operations and Implementation of Upgrades (releases and enhancements) for the implemented components of the CCM Solution:

- Engage in continuous review of business processes to seek improvements, efficiencies and best practices;
- Implement and support identified improvements and best practices;
- Participate in the development of use-case scenarios for enhancements and releases, as required;
- Provide Subject Matter Expert Functional Testing resources for selected enhancements or releases, as required;
- Participate in the development of operational and enhanced surveillance reports, as required;
- Implement any defined workarounds;
- Conduct data cleaning and duplicate record resolution;
- Prepare and implement plans to address the data collection, transformation, entry and validation from all reporting sources and methods to the CCM Solution;
- Maintain local training materials and programs;
- Maintain internal Board of Health support model including the Problem Resolution Coordinator role and ensuring integration with the Province’s service model;
- Implement internal Board of Health incident model including the Incident Coordinator role for privacy incident and auditing practices and ensuring integration with the Province’s incident model;
- Review and adjust existing system accounts, roles and responsibilities to ensure correct authorization and access levels are being provided to account holders;

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- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes;
- Implement and adhere to data standards, security, audit and privacy policies and guidelines;
- Maintain the security and technical infrastructure required for the operation of the CCM Solution including the approved level(s) of the supported browser(s);
- Ensure required security and privacy measures are followed for transferring data, applying password protection and encrypting devices where personal and personal health information is involved;
- Confirm appropriate privacy, security, and information management related analyses, activities and training have been executed in accordance with your Board of Health’s obligations as a Health Information Custodian under the *Personal Health Information Protection Act* (PHIPA) and other applicable laws and local business practices and processes;
- Sign required agreements with the Ministry prior to production use of CCM Solution;
- Participate in surveys, questionnaires and ad-hoc reviews, as required;
- Participate in structured reviews and feedback sessions including; working groups, committees, forums, and benefit analysis sessions as required;
- Maintain communications with both internal staff and external stakeholders;
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
 - Business Practices and Change Management,
 - Release Planning and Deployment,
 - Information Governance,
 - Audit Policies and Guidelines,
 - Data Standards and Reporting,
 - Data Analytics,
 - Integration,
 - User Experience, and
 - Technical (IT) Experience.

Conduct Deployment and Adoption Activities for components of the CCM Solution scheduled for implementation:

- Review of business processes and workflows and implement changes required to support adoption of new components as per specific Board of Health requirements and best practices best practices;
- Participate in the development of use-case scenarios for new components, as required;
- Provide Subject Matter Expert Functional Testing resources for new components, as required;
- Develop local training plans, materials and programs and complete and execute training plans for new components, as required;
- Complete data mapping and dry runs of data migration/ data integration, validate data migration/data integration results and address duplicate record resolution and data transformation and cleansing, as required;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes, as required;
- Support onboarding activities for the CCM Solution and components;
- Complete deployment checklists as per required activities;

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- Establish and implement internal Board of Health support model including providing the Problem Resolution Coordinator and ensuring integration with the Province’s service model;
- Establish and implement internal Board of Health incident model including providing the Incident Coordinator and ensuring integration with the Province’s incident model;
- Implement the security and technical infrastructure required for the operation of the CCM Solution including the approved level(s) of the supported browser(s) as communicated by the Ministry and the use of encrypted drives, devices and files;
- Confirm appropriate privacy, security, and information management related analyses, activities and training have been executed in accordance with your Board of Health’s obligations as a Health Information Custodian under PHIPA and other applicable laws and local business practices and processes;
- Implement required security and privacy measures for transferring data, applying password protection and encrypting devices where personal health information is involved;
- Maintain and execute a communication/information plan for both internal staff and external stakeholders;
- Sign required agreements with the Province prior to production use of the CCM Solution;
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
 - Business Practices and Change Management,
 - Release Planning and Deployment,
 - Integration,
 - User Experience, and
 - Technical (IT) Experience.

If the Board of Health has agreed to be a Builder and Early Adopter it must also use the one-time funding toward the following activities for the CCM Solution as noted below:

- Provide special public health unit support services to the Province for the CCM Solution to assist with defining requirements; designing features; prioritizing requirements; supporting resolution of public health specific issues; assessing and testing releases and enhancements; identifying business process improvements and change management strategies; and conducting pilots, prototyping and proof of concept activities;
- Chair/Co-Chair Working Group(s), as required;
- For Builder and Early Adopter activities above, provision of human resources to provide support within at least three (3) of the following categories, as required:
 - Release Planning and Deployment,
 - Information Governance,
 - Business Practices and Change Management,
 - Audit Policies and Guidelines,
 - Data Standards and Reporting,
 - Data Analytics,
 - Integration,
 - User Experience, and
 - Technical (IT) Experience.

COVID-19: School-Focused Nurses Initiative (100%)

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The School-Focused Nurses Initiative was created to support additional nursing FTE capacity in every board of health to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic.

The school-focused nurses will contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; surveillance, screening and testing; outbreak management; and, case and contact management; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus will be on the COVID-19 response, the additional nurses may also support the fulfilment of board of health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support child care centres, home child care premises and other priority settings as needed.

The initiative is being implemented through a phased-approach for the 2020-21 school year, with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used by the Board of Health to create new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

Capital: Expansion of Dunnville Satellite Office (100%)

One-time funding must be used for the retrofit of the Dunnville site. Eligible costs include construction, mechanical and electrical expenses to retrofit the site, including the construction of an AODA compliant reception area, lighting and security upgrades, and furnishings.

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Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection/prevention and control practices as appropriate to the programs and services being delivered within the facility.

MOH / AMOH Compensation (100%)

One-time funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs.

The maximum one-time funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will be adjusted by the Province based on up-to-date application data and information provided by the Board of Health during the funding year.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation, including requirements related to minimum salaries.

Ontario Seniors Dental Care Program Capital: New Dental Operatory and Upgrades – Health and Social Services (100%)

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to convert the preventive clinic to also provide restorative dental services. Eligible costs include the addition of a new dental operatory and x-ray machine, upgrades to the existing dental chair, expansion of the sterilization area, and furniture and equipment.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.

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- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection/prevention and control practices as appropriate to the programs and services being delivered within the facility.

Ontario Seniors Dental Care Program Capital: New Operatory and Dental Suite – Dunnville Satellite Office (100%)

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used for a new preventive and treatment operatory and dental suite. Eligible costs include the addition of a new dental operatory, equipment for a sterilization and pump room, and furniture.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection/prevention and control practices as appropriate to the programs and services being delivered within the facility.

Temporary Pandemic Pay Initiative (100%)

1. Purpose

- To provide additional support for eligible Board of Health employees who are experiencing severe challenges and are at heightened risk during the COVID-19 outbreak, the Province is providing a pandemic pay increase between April 24, 2020 and August 13, 2020 for the public health sector.
- The Temporary Pandemic Pay Initiative is a targeted program designed to support Board of Health employees who face a real and perceived risk of COVID-19 exposure, where maintaining physical distancing is difficult or not possible.

2. Pandemic Pay Funds

- The Province will: determine the Board of Health’s eligibility; the amount of Pandemic Pay one-time funding the Board of Health may be eligible to receive; and, provide the Board of Health with

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<p>Pandemic Pay one-time funding for the purposes of administering the Temporary Pandemic Pay Initiative.</p> <p>3. <u>Board of Health’s Obligations</u></p> <ul style="list-style-type: none"> • The Board of Health will: <ul style="list-style-type: none"> • Be required to determine and identify eligible employees; • Pay Pandemic Pay funds to each eligible employee that the Board of Health employs in accordance with the Temporary Pandemic Pay calculations as set out in section 5; • Make reasonable efforts to set out Temporary Pandemic Pay as a separate line item from other amounts paid to eligible employees in a pay stub or other document provided to eligible employees; • Only use Pandemic Pay one-time funding for the purposes of paying eligible employees and the costs incurred under statute or contract because of the payment of Temporary Pandemic Pay. For greater clarity, the Temporary Pandemic Pay one-time funding may not be used for administrative costs or any other purpose for which funding is provided to the Board of Health under the Agreement; • Create and maintain records that document: number of employee hours eligible for hourly pandemic pay, tracked per mid-term and final reporting periods, gross amount of hourly pandemic pay paid out to eligible employees, gross amount of pandemic pay lump sum paid out to eligible workers, amount of statutory contributions paid by employers as a result of providing pandemic pay to eligible workers, amount paid by the Board of Health to address statutory or collective agreement entitlements as a result of providing pandemic pay, and completed attestations for lump sum payments; • Provide the Province with such information and records, including the records listed above as may be requested in order to calculate the Board of Health’s entitlement to Pandemic Pay one-time funding or to evaluate the outcomes and effectiveness of the Board of Health’s use of Pandemic Pay one-time funding; and, • At the request of the Province, provide communications materials to eligible employees concerning the Temporary Pandemic Pay Initiative. <p>4. <u>Eligibility</u></p> <ul style="list-style-type: none"> • The eligibility period for the Temporary Pandemic Pay Initiative is from April 24, 2020 up to and including August 13, 2020. • The following Board of Health employees (in a full-time or part-time capacity) are eligible for Temporary Pandemic Pay: <ul style="list-style-type: none"> • Nurses that have consistent and ongoing risk of exposure (i.e., direct/in-person client interaction) to COVID-19 (Infection Prevention and Control Nurses, Nurse Practitioners, Registered Nurses, Registered Practical Nurses, Public Health Nurses). • For additional clarity, all other Board of Health employees (including individuals employed in a management capacity) are <u>not</u> eligible for Temporary Pandemic Pay one-time funding approved as part of this Agreement. <p>5. <u>Calculation of Temporary Pandemic Pay</u></p> <ul style="list-style-type: none"> • Temporary Pandemic Pay for each eligible employee shall be calculated based on the following criteria during the eligibility period set out in section 4. 	

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- Temporary Pandemic Pay is to be calculated in addition to an employee's regular wages and is not part of base salary;
- For each hour worked during the eligibility period, the eligible employee shall be paid four dollars (\$4);
- Where an eligible employee works more than one hundred (100) hours in one of the designated four-week periods set out below, they shall be paid an additional lump sum payment of two hundred and fifty dollars (\$250) for that period and up to one thousand dollars (\$1,000) over these sixteen (16) week:
 - April 24, 2020 to May 21, 2020
 - May 22, 2020 to June 18, 2020
 - June 19, 2020 to July 16, 2020
 - July 17, 2020 to August 13, 2020
- Subject to the Province's sole discretion to determine the amount, the following shall be included in the calculation of Temporary Pandemic Pay Funds:
 - The total amount that eligible Board of Health employees are eligible to receive as Temporary Pandemic Pay; and,
 - An amount equal to the increased costs that the Board of Health incurs pursuant to its obligations as an employer under a statutory or contractual requirement but does not include increased costs associated with any required contributions to a pension plan or benefits plan. Examples of increased costs include: Employers' statutory contributions to the Canada Pension Plan, Employers' statutory contributions to Employment Insurance, Employer Health Tax on payroll, Employers' statutory obligation to pay Workplace Safety and Insurance Board premiums, Employers' statutory payment of Vacation Pay, Employers' statutory payment of Public Holiday Pay, and Employers' statutory payment of Overtime Pay.
- The Board of Health will be required to return any funding not used for the intended purpose. Unspent funds are subject to recovery in accordance with the Province's year-end reconciliation policy.

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Infectious Diseases Programs Reimbursement

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office the Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: IDPP@ontario.ca.

Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the *Infectious Diseases Protocol, 2018* (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the *Tuberculosis Program Guideline, 2018* (or as current).

Vaccine Programs Reimbursement

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

Influenza

- The Province will continue to pay \$5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

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Meningococcal

- The Province will continue to pay \$8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
 - Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

Human Papillomavirus (HPV)

- The Province will continue to pay \$8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.



The Board of Health

By-Law 2020-14-BH

Being a By-Law to Confirm the Proceedings of The Board of Health for the Haldimand-Norfolk Health Unit at this Board of Health Meeting held on the 8th of June, 2021.

WHEREAS Section 56 of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, as amended, provides that every Board of Health shall pass a by-law respecting the calling and proceedings at meetings;

AND WHEREAS it is deemed expedient that the proceedings of the Board at this Board of Health Meeting be confirmed and adopted by By-Law.

NOW THEREFORE the Board of Health for the Haldimand-Norfolk Health Unit hereby enacts as follows:

1. That the actions of The Board of Health for the Haldimand-Norfolk Health Unit at this Board of Health Meeting held 8th Day of June, 2021, and each motion and resolution passed and other action taken by The Board of Health for The Haldimand-Norfolk Health Unit at this meeting are hereby adopted and confirmed as if all such proceedings were expressly embodied in this By-Law.
2. That the Chair of the Board of Health and proper officials of the Haldimand-Norfolk Health Unit are hereby authorized and directed to do all things necessary to give effect to the actions of The Board of Health referred to in the preceding section hereof.
3. That the Mayor and Clerk are authorized and directed to execute all documents necessary in that behalf and to affix thereto the Seal of Norfolk County.

ENACTED AND PASSED this 8th Day of June, 2021.

Chair

County Clerk