

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

399 RIDOUT STREET NORTH
SIDE ENTRANCE (RECESSED DOOR)
Board of Health Boardroom

Thursday, 5:30 p.m.
2017 December 14

MISSION – MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy
Mr. Michael Clarke
Ms. Patricia Fulton
Mr. Jesse Helmer (Chair)
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Vice-Chair)

SECRETARY-TREASURER

Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

Board of Health meeting, November 16, 2017.

DELEGATIONS

5:35 – 5:45 p.m. Ms. Trish Fulton, Chair, Finance & Facilities Committee re: Item # 1, December 7, 2017 FFC meeting

5:45 – 5:55 p.m. Dr. Gayane Hovhannisayan, Associate Medical Officer of Health, Director of Foundational Standards re: Item #2, iGAS Report 000-17

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance and Facilities Committee meeting, December 7, 2017 (Report 058-17)	Agenda: December 7, 2017	X	X	X	To receive a verbal update from the December 7, 2017 Finance & Facilities Committee (FFC) meeting.
Delegation and Recommendation Reports						
2	Invasive Group A Streptococcal (iGAS) Update (Report 059-17)		X			Dr. Gayane Hovhannisyanyan to provide an update on the ongoing invasive iGAS outbreak
3	Income Security: A Roadmap for Change (Report 060-17)			X		To endorse the Health Unit's submission to the Provincial Government's consultation on the Roadmap and recommendations to guide decision-making on a multi-year path for reforming the income security system.
Information Reports						
4	Summary Information Report (Report 061-17)	Appendix A: MLHU Report on Oral Health 2017			X	<ul style="list-style-type: none"> • The Chief Public Health Officer's Report on the State of Public Health in Canada 2017 – Designing Healthy Living • The Legalization of Cannabis and Recommendations on Outlet Site Locations in London • Middlesex-London 2016/2017 School-Based Dental Screening Results • Health Canada Product Advisory for 'Alesse' Oral Contraceptive Pills
5	Medical Officer of Health (MOH) Activity Report (Report 062-17)				X	To provide an update on the activities of the MOH for November 2017.

OTHER BUSINESS

- Next Finance & Facilities Committee meeting: February 1, 2018 @ 9:00 a.m.
- Next Board of Health meeting: January 18, 2017 @ 7:00 p.m.
- Next Governance Committee meeting: January 18, 2018 @ 6:00 p.m.

CORRESPONDENCE

- a) Date: 2017 October 31
Topic: Modernization of Alcohol Retail Sales in Ontario
From: Northwestern Health Unit
To: Minister Eric Hoskins

Background:

The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by government since 2014 suggest that economic interests may be superseding the health and well-being of Ontarians.

Northwestern Health Unit is calling on the Ontario Government to fulfil its commitment (announced in December 2015) to develop a province-wide strategy to minimize harm and support the safe consumption of alcohol.

Recommendation:

Receive.

- b) Date: 2017 November 2
Topic: Expert Panel Response
From: Region of Waterloo
To: Premier Kathleen Wynne and Minister Eric Hoskins

Background:

The Expert Panel Report on Public Health made recommendations to strengthen and increase the integration of the public health sector within the rest of Ontario's health care system. Recommendations included changes to the organizational structure of public health, geographic boundaries, leadership structures and approaches to governance.

The Ministry of Health and Long-Term Care invited stakeholders to submit feedback and comments until October 31, 2017.

The Regional Municipality of Waterloo submitted a report, which was supported unanimously by the Regional Council, outlining their opposition to the recommendations within the Expert Panel Report.

Recommendation:

Receive.

- c) Date: 2017 October 31
Topic: Expert Panel Response
From: Renfrew County and District Health Unit
To: Minister Eric Hoskins

Background:

See item (b) above.

Renfrew County and District Health Unit believes that they have the most diverse population needs of all 36 Health Units in Ontario. As such, they have developed partnerships with a number of industries and communities over the years and centralization would undo the work that has been done to sustain such partnerships. Challenges and issues identified within public health structures can be addressed within the current structure and should be to ensure and sustain community engagement through local governance.

Recommendation:

Receive.

- d) Date: 2017 November 1
Topic: Expert Panel Response
From: Association of Ontario Public Health Business Administrators (AOPHBA)
To: Minister Eric Hoskins

Background:

See item (b) above.

The Association of Ontario Public Health Business Administrators (AOPHBA) summarized their areas of concern related to the Expert Panel on Public Health. Their concerns include; lack of evidence to support proposed model, preservation of the public health mandate, one size does not fill all, sustaining local communities and municipal partners, labour relations implications, a potential reduction in public health funding and lack of planning for change management. AOPHBA also highlighted some benefits including improved collaboration with other health care services, a greater focus on the social determinants of health and health equity. They suggest that the new model should ensure that Health Units are provided with the specialized services that smaller Health Units may not have had access to in the current model.

Recommendation:

Receive.

- e) Date: 2017 November 6
Topic: Provincial Home Care Agency
From: alPHa
To: Boards of Health

Background:

The Association of Local Public Health Agencies (alPHa) provided a link to a CBC news article entitled “New plan will see Ontario government employees deliver home care”. The article focus on the provincial plan to provide home care through a new provincial agency. According to CBC news, the “agency called *Personal Support Services Ontario* will be created in the fall and will start to deliver home care in the spring.”

Recommendation:

Receive.

- f) Date: 2017 November 14
Topic: Expert Panel Response
From: Grey Bruce Health Unit
To: Minister Hoskins

Background:

See item (b) above.

Grey Bruce Health Unit recognized the Expert Panel members for their hard work. They also noted that it is their hope that comments submitted during the consultation process will be useful to improve the Ontario public health system. The Grey Bruce Board of Health supports the objectives to enhance public health capacity, quality and transparency while focusing on population health. However, Grey Bruce feels that the proposed model would be detrimental to the public health system. Local governance is an important aspect of the public health system and the loss of the local voice could impact the direction of public health programs as related to the needs of the population being served. Concerns are also raised

about evidence, rationale, planning, and evaluation. In addition, Grey Bruce Health Unit states that “it has not been proven that the LHIN [...] has been successful in achieving the goal of improving access to care and patient experience.”

Recommendation:

Receive.

- g) Date: 2017 November 9
Topic: Expert Panel Report
From: Durham Public Health
To: The Honourable Kathleen Wynne, Premier

Background:

See item (b) above.

The Regional Municipality of Durham endorsed the correspondence from the Association of Municipalities of Ontario (AMO) urging the province to not adopt any of the recommendations outlined in the Expert Panel Report. They also recommended that correspondence be sent to the Premier of Ontario, Minister of Health, Durham’s MPPs, Central East LHIN CEO, Chief Medical Officer of Health and all Ontario boards of Health.

Recommendation:

Receive.

- h) Date: 2017 November 23
Topic: Municipal Package on Expert Panel on Public Health Report
From: alPHa
To: Board of Health

Background:

See item (b) above.

The Association of Local Public Health Agencies (alPHa) provided a template letter to all Boards of Health to be sent electronically to the local government agencies in their respective jurisdiction in response to the *Public Health Within an Integrated Health System - A report from the Minister's Expert Panel on Public Health*. The templates include a letter to be sent from the Board of Health to the Municipality, Municipality to the Minister of Health and a Template Municipal Resolution Expert Panel Response to Minister Hoskins. alPHa requests that each BOH fill in the appropriate text for both letters before sending to the Mayor(s) and Council(s) of their jurisdiction.

Recommendation:

Receive.

- i) Date: 2017 November 10
Topic: Paid Leave for Survivors of Domestic and/or Sexual Violence
From: Peggy Sattler, MPP
To: Chris Mackie

Background:

Survivors of domestic violence or sexual violence will soon be able to access five days of paid leave and an additional 15 weeks of unpaid leave. Ms. Sattler thanks her supporters, including the Board of Health, and states that this legislative change is a direct result of the private member’s bill that she introduced, *Domestic and Sexual Violence Workplace Leave*,

Accommodation and Training Act, and the determined efforts of advocates and activists across this province.

Recommendation:

Receive.

- j) Date: 2017 November 11
Topic: Summary of BOH Section Discussion November 3, 2017
From: alPHa
To: Boards of Health

Background:

At the alPHa Boards of Health Section meeting held on November 3 in Toronto, attendees participated in a facilitated workshop on transformation and governance. This correspondence provides a summary of Section members' discussion on this topic.

Recommendation:

Receive.

- k) Date: 2017 November 9
Topic: Report of the Rowan's Law Advisory Committee
From: Durham Region
To: The Honourable Kathleen Wynne, Premier

Background:

Durham Region endorsed correspondence from the Association of Local Public Health Agencies (alPHa) for the implementation of recommendations contained in the Report of the Rowan's Law Advisory Committee.

The Report of the Rowan's Law Advisory Committee contained 21 recommendations directed at organized amateur sports regarding head injury prevention and treatment.

Recommendation:

Receive.

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

CONFIDENTIAL

The Board of Health will move in-camera to discuss matters regarding identifiable individuals, labour relations and proposed or pending acquisition of land by the Middlesex-London Board of Health and to consider confidential minutes from its November 16, 2017 and November 30, 2017 Board of Health meetings and the November 2, 2017 and November 27, 2017 Finance and Facilities Committee meeting.

ADJOURNMENT



PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH

399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, November 16, 2017 7:00 p.m.

MEMBERS PRESENT: Ms. Maureen Cassidy
Mr. Michael Clarke
Ms. Patricia Fulton
Mr. Jesse Helmer (Chair)
Mr. Trevor Hunter
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith

REGRETS: Ms. Tino Kasi
Ms. Joanne Vanderheyden (Vice-Chair)

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health & CEO(Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Dan Flaherty, Communications Manager
Ms. Heather Lokko, Director, Healthy Start
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Mr. Alex Tym, Online Communications Coordinator
Ms. Suzanne Vandervoort, Director, Healthy Living
Mr. Jordan Banninga, Manager Strategic Projects
Mr. Joe Belancic, Manager Procurement and Operations
Ms. Linda Stobo, Manager Healthy Living
Jessica Wiles, volunteer – Nutritious Food Basket
Ivy Lu, volunteer – Nutritious Food Basket

Chair Helmer called the meeting to order at 7:00 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Helmer inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

With the addition of walk on report 067-17 2017 Budget – MOHLTC Approved Grants the amended agenda was approved.

It was moved by Mr. Hunter, seconded by Mr. Clarke, *that the amended AGENDA for the November 16, 2017 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Mr. Peer, *that the MINUTES of the October 19, 2017 Board of Health meeting and the October 19, 2017 Governance Committee meeting be approved.*

Carried

COMMITTEE REPORTS

Finance and Facilities Committee, November 2, 2017 (Report No. 058-17)

Ms. Fulton briefly reviewed the reports that were presented at the November 2nd FCC meeting. There was some discussion regarding the request for funds to replace outdated furniture for the activity based workstations as well as the request to keep the daytime security guard.

Chair Helmer commented that there is a larger than anticipated surplus for this year and that this had come up at the FFC as well.

It was moved by Mr. Peer, seconded by Ms. Fulton, *that the Board of Health receive Report No. 058-17 and the November 2, 2017 Finance and Facilities Committee meeting minutes.*

Carried

DELEGATIONS AND RECOMMENDATION REPORTS

Modernization of the Smoke-Free Ontario Strategy (Report No. 059-17)

Ms. Stobo said that the 5% target of smoking prevalence rate was established when a group of leaders came together at a summit in Kingston to review the relevant research. That target was then brought to the Federal Government.

Ms. Stobo noted that currently there is a 17% national smoking prevalence, 14% for Ontario and that Middlesex London is at about 19%.

Ms. Stobo also noted that tobacco is referred to as commercial tobacco so as not to confuse it with sacred tobacco.

It was moved by Mr. Peer, seconded by Mr. Meyer *that the Board of Health:*

1. *Endorse the recommendations in the "[Smoke-Free Ontario Modernization: Report of the Executive Steering Committee](#)"; and*
2. *Call on the Ontario Ministry of Health and Long-Term Care: (a) to proceed with the creation of a renewed Smoke-Free Ontario Strategy; and (b) to commit to the proposed end-game target of reducing the prevalence of commercial tobacco use in Ontario to less than 5% by 2035.*

Carried

2017 Nutritious Food Basket Survey Results and Implications for Government Public Policy (Report No. 060-17)

Linda Stobo was present to answer any question and at the same time acknowledged the great work of Ms. Jessica Wiles and Ms. Ivy Lu who volunteered for this program. She also acknowledged the volunteers who were not able to attend the meeting: Ms. Alyssa Aplidgiotis; Ms. Stephanie Braga; Ms. Stephanie Wong; and Mr. Martin Zivcak.

It was moved by Ms. Cassidy, seconded by Mr. Meyer, *that the Board of Health:*

1. *Write to the Minister of Health and Long-Term Care supporting maintaining local surveillance and monitoring of food costing by public health units within the modernized Standards for Public Health Programs and Services (SPHPS);*
2. *Submit a letter to the Associate Deputy Minister of Health System Information Management and CIO of the Ministry of Health and Long-Term Care, and the Director General of the Office of Nutrition Policy and Promotion at Health Canada, advocating for the Household Food Security Survey Module to be made a core module of the Canadian Community Health Survey; and*

3. *Forward Report No. 060-17 re: “2017 Nutritious Food Basket Survey Results and Implications for Government Public Policy” and Appendix A to Ontario Boards of Health, the City of London, Middlesex County, and appropriate community agencies.*

Carried

INFORMATION REPORTS

Oral Health Team Staffing Model Restructure (Report No. 061-17)

It was moved by Mr. Meyer, seconded by Ms. Fulton, that the Board of Health *receive Report No. 061-17 re: Oral Health Team Staffing Model Restructure for information.*

Carried

Locally Driven Collaborative Project on Food Literacy (LDCP) (Report No. 062-17)

It was moved by Mr. Meyer, seconded by Ms. Fulton, that the Board of Health *receive Report No. 062-17 re: Locally Driven Collaborative Project on Food Literacy (LDCP) for information.*

Carried

Summary Information Report, November 2017 (Report No. 063-17)

It was moved by Mr. Clarke, seconded by Mr. Peer, *that the Board of Health receive Report No. 063-17 re: Summary Information Report, November 2017 for information.*

Carried

Medical Officer of Health / CEO Activity Report, November 2017 (Report No. 064-17)

It was moved by Ms. Cassidy, seconded by Mr. Smith, *that the Board of Health receive Report No. 064-17 re: Medical Officer of Health Activity Report, November 2017 for information.*

Carried

WALK ON REPORT

2017 Budget – MOHLTC Approved Grants (Report No. 067-17)

Dr. Mackie noted that the approval for the Ministry of Health and Long-Term Care 2017 grant to the Health Unit was received today and that there was no base budget increase except for opioid work. One-time funding requests of \$430,000 were approved and most can be carried through to March of 2018. Dr. Mackie noted that for the previous two years, there had been a funding formula applied to Ministry grants such that some had received base budget increases, and others not. This year, he advised that respondents of an informal Medical Officer of Health poll indicated that no Health Unit had received a base budget increase other than the funding for opioid work, and that not all Health Units received their one-time funding requests.

It was moved by Mr. Cassidy and seconded by Mr. Hunter *that the Board of Health authorize the Board of Health Chair to sign this agreement.*

OTHER BUSINESS

Chair Helmer reviewed the next meeting dates for the Board of Health and its sub-committees:

- Next Finance & Facilities Committee meeting: December 7, 2017 @ 9:00 a.m.
- Next Board of Health meeting: December 14, 2017 @ 6:00 p.m.
- Board of Health Annual Dinner: December 14, 2017 @ 7:00 p.m.

CORRESPONDENCE

It was moved by Mr. Peer, seconded by Mr. Clarke, *that the Board of Health receive items a), through p).*

Carried

CONFIDENTIAL

At 7:20 p.m., it was moved by Mr. Clarke, seconded by Mr. Hunter, *that the Board of Health move in-camera to discuss matters regarding identifiable individuals and proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 8:59 p.m., it was moved by Ms. Cassidy, seconded by Mr. Meyer, *that the Board of Health rise and return to public session.*

Carried

At 8:59 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 9:00 p.m., it was moved by Ms. Cassidy, seconded by Mr. Meyer, *that the meeting be adjourned.*

Carried

JESSE HELMER
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 058-17

TO: Chair and Members of the Board of Health
 FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer
 DATE: 2017 December 7

FINANCE AND FACILITIES COMMITTEE MEETING – December 7, 2017

The Finance and Facilities Committee met at 9:00 a.m. on Thursday December 7, 2017.

A summary of the discussion can be found in the minutes.

The following reports were reviewed at the meeting and recommendations made:

Reports	Recommendations for Board of Health’s Consideration and Information
Blind Low Vision: Increased Budget Funding (Report No. 041-17FFC)	It is recommended that the Finance & Facilities Committee: 1) <i>Receive Report No. 041-17FFC re: “Blind Low Vision Increased Base Budget Funding”; and</i> 2) <i>Recommend that the Board of Health approve the revised Screening, Assessment and Intervention Team budget.</i> Carried
MLHU Cold Chain Incident (Report No. 042-17FFC)	It is recommended that Report No. 042-17FFC re: “MLHU Cold Chain Incident” be received for information. Carried
Certified Dental Assistant Staffing Model Changes (Report No. 043-17FFC)	It is recommended that the Finance & Facilities Committee: <i>receive Report No. 043-17FFC re: “Certified Dental Assistant Staffing Model Changes” for information.</i> Carried
PBMA Final Approval (Report No. 044-17FFC) Appendix A	It is recommended that the Finance & Facilities Committee: 1) <i>Approve Appendix A, PBMA Disinvestments totaling \$711,535</i> 2) <i>Approve Appendix B, PBMA Investments totaling \$237,977(revised)</i> 3) <i>Approve Appendix C, PBMA One-time Proposals totaling \$153,473(revised)</i> Carried

The Finance and Facilities Committee moved in-camera to discuss matters regarding labour relations and a proposed or pending acquisition of land by the Middlesex-London Board of Health.

The next meeting will be Thursday February 1, 2018 at 9:00 a.m. in Room 3A, 50 King Street.

This report was submitted by the Office of the Medical Officer of Health.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

Healthy Living Division – Public Policy-Related Activities

Healthy Communities:

1. Policy advocacy for alcohol policy at the provincial level via partnership with OPHA alcohol workgroup and others
2. Working to influence local policy related to alcohol outlet density (historic example) and input on municipal alcohol policy
3. Policy advocacy related to influencing policy and laws related to regulated legal cannabis market.
4. Influencing local decision makers related to municipal built environment decisions, and things related to active transportation eg. cycling policy and cycling master plan, walkability

South West Tobacco Control Area Network:

1. Smoke-Free movies- advocacy for 18A rating.
2. Advocacy for plain and standardized packaging (at federal level)
3. Multi Unit Housing- TCAN assisted PHUs to advocate for changes to the Residential Tenancies Act and the Standard Lease
4. TCAN assisted PHUs in advocating for individual housing units (for profit and not for profit) to develop SF policies

Note: The TCAN has been told that we will not be able to do any advocacy activities in 2018 using 100% SFO dollars. We are able to educate MPPs but are not allowed to cross into advocacy. Therefore, this will be adjusted on our work plan for 2018. Individual PHUs are able to engage in advocacy using cost shared dollars.

Young Adult and Child Health Teams:

All school or classroom level policy examples:

1. water bottles on desks
2. not using food as rewards
3. healthy foods for celebrations
4. water served at all school events

Chronic Disease Prevention and Tobacco Control

1. Beverage vending review
2. Changes to the food environment in municipally-run facilities, workplaces, schools, and healthcare settings
3. Endorsement of Marketing to Kids Coalition – advocating for a ban on marketing of food products to people 16 years of age and under
4. Retail Density, Zoning and Licensing for Tobacco, E-Cigarette and Cannabis Control
5. Policy Development to support smoking cessation – provincial, municipal and institutional
6. Front of Package Food Labelling
7. Advocacy to support a federal levy on sugar-sweetened beverages
8. Local Food Procurement Policies – municipal and institutional
9. Urban Agriculture Strategy and related policies to support and enhance urban agriculture
10. Advocacy and promotion of income-related solutions to food insecurity – Living Wage, Basic Income Guarantee, Social Assistance Reform
11. Policies that promote shade and reduce exposure to natural UVR – municipal, community, institutional
12. Proposed *Smoke-Free Ontario Act, 2017*, that will address tobacco, medical cannabis, recreational cannabis and e-cigarettes
13. Work with Western University and Hospitals to support implementation of comprehensive smoke-free grounds policies that also address cessation
14. Enforcement and promotion of the *Skin Cancer Prevention Act* – advocacy for either increased enforcement of current law or the elimination of tanning beds in Ontario
15. Food deserts and food swamps – increasing local access to healthy foods



TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health

DATE: 2017 December 14

ONGOING OUTBREAK OF INVASIVE GROUP A STREPTOCOCCAL (iGAS) DISEASE

Recommendation

It is recommended that Report No. 059-17 re: “Ongoing Outbreak of Invasive Group A Streptococcal (iGAS) Disease” be received for information.

Key Points

- There is an ongoing community outbreak of invasive Group A Streptococcal (iGAS) disease in Middlesex-London.
- A large percentage of cases has occurred among injection drug users and people who are under-housed; however, unrelated cases have also increased among people with stable housing and no history of drug use.
- The outbreak investigation into potential mechanisms of transmission continues, as well as efforts to raise awareness about the ongoing situation.

Background

In the spring of 2016, the MLHU declared a community outbreak of invasive Group A Streptococcal (iGAS) disease following reports of a higher-than-expected number of cases. A previous Board report (No. [022-17](#)) was submitted to the Board of Health at its April 20, 2017 meeting.

Outbreak Information

Since April 1, 2016, 133 cases of iGAS disease have been reported to the MLHU. Of these cases, 12% developed necrotizing fasciitis, 15% had Streptococcal Toxic Shock Syndrome (STSS) and 7% died. Almost a quarter of cases have required treatment in intensive care. Patient age has ranged from 3 to 98 years, with an average of 47. A large percentage of cases has occurred among injection drug users and under-housed individuals; however, incidence has also increased among unrelated cases (i.e., individuals with stable housing and no history of drug use). Twelve different strains (*emm* types) have been identified among these cases to date. Two main types (*emm* 74 and 81) have predominated among individuals who inject drugs and/or are under-housed; among the unrelated cases, several different *emm* types have been identified. The outbreak is still ongoing, and the MLHU’s investigation into potential mechanisms of transmission and other potential risk factors for infection continues.

MLHU Actions

The MLHU declared a public health emergency in June 2016 to raise awareness among key stakeholders and the community about overlapping outbreaks of HIV, Hepatitis C, infective endocarditis and iGAS. The MLHU has reached out to other public health authorities that have recently experienced similar iGAS outbreaks in their jurisdictions. A field epidemiologist from the Public Health Agency of Canada was deployed to MLHU to assist with the investigation. To help reduce the spread of infection among individuals who inject drugs or are under-housed, MLHU has revised its protocols for offering antibiotic chemoprophylaxis to these higher-risk populations.

Locally, the Health Unit has communicated broadly with community partners (including homeless shelters, needle exchange facilities, first responders and other service providers) to raise awareness about the risks of iGAS, and its signs and symptoms. Information has been disseminated by various means, including MLHU's physician newsletter, notices to community partners, and posters in needle exchanges, shelters and clinics that mostly serve injection drug users and/or under-housed clientele. The Health Unit has also continued to enhance harm reduction services with key stakeholders and promote harm reduction practices to prevent transmission. In April 2017, MLHU's Outreach Team was launched to provide street-level support for clients who inject drugs. Meetings have been held with key stakeholders, including Middlesex-London EMS, the London Police Service, RHAC, LIHC, local hospitals, local shelters and the City of London, to provide updates about the outbreak, to identify gaps and to discuss strategies to increase early detection of cases and referrals for wound care.

Next Steps

Educational materials for frontline staff will be developed with the support of SW LHIN, LIHC and emergency department physicians on how to recognize wound infections that require medical care. Efforts to coordinate wound care and early referral will continue. The Health Unit is also working to assist shelters in improving infection and control practices.

This report was submitted by the Infectious Disease Team and the Foundational Standard Division



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health



TO: Chair and Members of the Board of Health
FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO
DATE: 2017 December 14

INCOME SECURITY: A ROADMAP FOR CHANGE

Recommendations

It is recommended that the Board of Health:

- 1. Endorse the recommendations in the report [“Income Security: A Roadmap for Change”](#); and*
- 2. Call on the Ministry of Community and Social Services to implement the report’s recommendations for reforming Ontario’s income security system, including social assistance reform.*

Key Points

- [“Income Security: A Roadmap for Change,”](#) a report released by the Ministry of Community and Social Services, outlines a series of recommendations for reforming Ontario’s income security system, including social assistance.
- The report recommends changes in six key areas: income adequacy; improving the broader income security system; transforming the social assistance system; providing immediate help to those in deepest poverty; respecting First Nations jurisdiction; and ensuring adequate funding.
- The Ministry is requesting feedback on the report, providing the Board of Health with an opportunity to endorse the recommendations with a letter of support.

Income Security: A Roadmap for Change

The social determinants of health, such as food access, income, housing and employment, are strongly influenced by government public policy decisions.

[“Income Security: A Roadmap for Change,”](#) a report released by the Ministry of Community and Social Services, was authored by three working groups: the Income Security Reform Working Group, the First Nations Income Security Reform Working Group and the Urban Indigenous Table on Income Security Reform. The Minister of Community and Social Service tasked these working groups with advising the government on how to reform Ontario’s income security system, including social assistance.

The report sets forth a phased ten-year plan for reforming Ontario’s income security and social assistance systems and specifying what investments the government should make in the first three years. The report recommends increasing the amount, quality and kind of benefits and services that low-income people receive. It also calls for a transformation of vision in regard to the income security system, setting out foundational principles for program and service provision. In order to provide a common vision on how to break the cycle of poverty, the report also outlines goals and outcomes that system users should be able to achieve under a reformed system.

The report contains recommendations on:

- What ought to constitute an adequate standard of living for people who receive income supports from Ontario’s benefit programs;

- How to change the social assistance system so it supports people and responds quickly and appropriately to their needs and goals;
- How to make social assistance programs work better for Indigenous people in Ontario;
- How to improve benefits and supports that extend to all low-income people in Ontario, whether they are on social assistance or not;
- How to ensure that the rights of First Nations are respected, and how to support them in creating and administering their own social programs, with appropriate levels of funding; and
- What investments governments should make immediately to help those in deepest poverty.

“Income Security: A Roadmap for Change” is a comprehensive plan that will help break the cycle of poverty in Ontario. The report’s recommendations will significantly improve Ontario’s income security system, as well as improve the relationship with Indigenous peoples.

Opportunity for Action

Each year, the Board of Health uses the Nutritious Food Basket data and income scenarios to advocate for public policies that positively impact these health determinants. The Board of Health has provided input to the Ontario Poverty Reduction Strategy ([Report No. 099-13](#)), advocating for increases to social assistance rates, the provision of a special diet allowance, and investments in affordable housing. The recommendations in “Income Security: A Roadmap for Change” expand upon these issues and outline wider systematic changes, which, if implemented, will improve the lives of those living in poverty.

The report calls for the government to commit to providing low-income people in Ontario with adequate incomes by adopting a Minimum Income Standard, and to create an Ontario Market Basket Measure that would add up the real costs of regular expenses like food, housing, clothing, transportation and other living costs. As outlined in Board of Health [Report No. 060-17](#), the continued systematic collection of the Nutritious Food Basket survey under the standardized public health protocols set forth in the revised Ontario Public Health Standards could supply the food-expense information pertinent to this measure.

The report “[London for All: A Roadmap to End Poverty](#),” authored by the Mayor’s Advisory Panel on Poverty, outlines many similar recommendations, including linking social assistance rates to inflation, reorganizing individual social assistance funds, subsidies, and vouchers to make it easier for people to access resources, and reducing clawbacks for people moving from social assistance to paid employment. London’s [Child and Youth Network \(CYN\)](#) has also been advocating for many of the same changes to the income security system. The CYN intends to voice its support for the plan outlined in “Income Security: A Roadmap for Change.”

The Ministry of Community and Social Services has requested [feedback](#) on the report. It is recommended that the Board of Health communicate its support by directing Health Unit staff to send the Ministry a letter of endorsement, encouraging the government to implement the report’s recommendations to reform Ontario’s income security system, including social assistance.

This report was prepared by the Chronic Disease Prevention and Tobacco Control Team of the Healthy Living Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

This report addresses the following requirements of the Ontario Public Health Standards (revised March 2017): Foundational Standards 4, 9, 10, 13; Chronic Disease and Injury Program Standards (Chronic Disease) 3, 4, 5, 6, 7, 8, 11, 12; and Family Health Program Standards (Child Health) 4, 5, 7.

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health

DATE: 2017 December 14

SUMMARY INFORMATION REPORT – DECEMBER 2017

Recommendation

It is recommended that Report No. 061-17 re: “Summary Information Report for December 2017” be received for information.

Key Points

- The Chief Public Health Officer’s Report on the State of Public Health in Canada 2017, titled “Designing Healthy Living,” describes how built environments impact opportunities for healthy living and issues a call to action. The report, combined with the revised Ontario Public Health Standards, reinforces and will provide guidance for MLHU’s future work in built environment and healthy community design.
- The Health Unit sent a letter to the City of London to offer assistance in working with the province to establish the cannabis retail outlet site location, and with plans to host a municipal knowledge exchange day to support collective preparation for a legalized cannabis market.
- The Health Unit will continue to work on strategies to improve oral health outcomes for children and to promote the School-Based Dental Screening and Fluoride Varnish programs.
- The Health Unit received a product advisory from Health Canada for ‘Alesse’ Oral Contraceptive pills, a product which is distributed by the Sexual Health Clinic. Staff notified each of the 174 clients who received this product and have since removed remaining stock from distribution.

Background

The Chief Public Health Officer’s Report on the State of Public Health in Canada 2017: “Designing Healthy Living”

The [Chief Public Health Officer’s Report on the State of Public Health in Canada 2017, titled “Designing Healthy Living,”](#) was released on October 26, 2017. The report describes principles, examples and evidence regarding how built environments may support physical activity, healthy eating, mental wellness, social connectedness and, ultimately, the health of communities. Areas where more data, evidence and research are needed are also identified. Other built environment aspects that impact health—including air pollution, safety, housing, heat, ultraviolet exposure, climate change and natural disasters—are also considered. The report is a call to action for various sectors, including municipal, provincial and federal governments, community planners, entrepreneurs and public health, to work collaboratively to include health as a key consideration in community planning and infrastructure initiatives. MLHU has been engaged in built environment work for several years, providing input and involvement for initiatives that support healthy built and natural environments in the City of London and Middlesex County. Furthermore, MLHU provides [information](#) to the public to increase awareness and understanding of how the physical environment in which we live, work, study, and play influences our health. The newly released “Ontario Public Health Standards: Requirements for Programs, Services and Accountability” provides further direction for public health staff regarding policy, programs and services that support healthy communities, including built and natural environments.

The Legalization of Cannabis and Recommendations on Outlet Site Locations in London

The City of London was identified in the Ministry of Finance's November 3, 2017 announcement as one of an initial fourteen Ontario municipalities scheduled for a stand-alone cannabis store that would be operational in time for the federal cannabis legalization date of July 2018. To provide a public health perspective, the Middlesex-London Health Unit sent a letter to the City of London, based on the recommendations of the [Federal Task Force on Cannabis Legalization and Regulation](#), to offer best-practice evidence from the literature about tobacco control and alcohol availability to help inform discussions between the City of London, the Ministry of Finance and the LCBO on cannabis outlet site location. Evidence relating to alcohol and tobacco suggests that greater product availability, increased outlet density and the placement of retail outlets within close proximity to vulnerable populations increases the use of these products and associated harms. While there is less evidence to draw upon for cannabis, program staff believe that the same precautionary approach should apply. In addition, to facilitate dialogue and provide an opportunity for collective local preparation for the legalization of cannabis, the Health Unit has reached out to our municipal partners to plan a cannabis knowledge exchange day early in 2018. Invitations will be extended to municipal staff and elected officials from across Middlesex County and the City of London, local police services, the Board of Health, and the Association of Municipalities of Ontario to participate in this forum to discuss and share concerns, and to identify what kinds of supports are needed for the transition to a legalized cannabis market. An invitation will also be extended to the Cannabis Secretariat at the Ministry of Health and Long-Term Care, so that our discussions and efforts to identify potential local implications will be supported with the most up-to-date information available.

Middlesex-London 2016–17 School-Based Dental Screening Results

During the 2016–17 school year, the Health Unit screened 15,735 students (80%) in 131 elementary schools through the School-Based Dental Screening Program. For 2,740 students (14%), parents did not consent to screening. In addition, 1,094 students (6%) were absent on the day(s) that screening was happening at their schools. The percentage of excluded and absent students is similar to the previous year's percentage. The percentages of Junior Kindergarten, Senior Kindergarten and Grade 2 students screened who were caries-free (i.e., have never had cavities or the removal or filling of a tooth because of tooth decay) were 77%, 68% and 57%, respectively. These percentages are similar to the previous year: 76%, 68% and 57%, respectively. Only 7% of Grade 2 students screened had two or more teeth with tooth decay. Of students screened, 1,751 (11.1%) were found to have urgent dental needs, making them clinically eligible to receive Healthy Smiles Ontario Essential and Emergency Care funding for their dental care—an amount more than double that of the previous school year. Healthy Smiles Ontario's eligibility criteria changed in 2016, with more students now qualifying for the program. The Health Unit continues to work on strategies to improve oral health outcomes among children in the community, and to increase awareness of the School-Based Dental Screening and Fluoride Varnish programs. The full Oral Health Report can be found in [Appendix A](#).

Health Canada Product Advisory for 'Alesse' Oral Contraceptive Pills

On Monday, December 4, 2017, MLHU received a product advisory from Health Canada for 'Alesse' Oral Contraceptive pills, a product which is distributed by the Sexual Health Clinic. Some pills within lot A3183 had been found to be either broken or of reduced size, potentially affecting the dose of hormone administered. These irregularities would be obvious upon opening of the package. Staff in the Sexual Health Clinic immediately notified each of the 174 clients who received this product and have offered to replace them with product from an unaffected lot. A total of 619 packages were sold between November 2 and December 1, 2017. None of the clients reported finding any irregularities with their pills. The MLHU has removed the remaining 411 packages of that stock from distribution and will seek replacement from the distributor. Information regarding the product advisory has also been placed on the MLHU website, along with Twitter and Facebook messaging. Further information can be found on the Health Canada webpage: <http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2017/65306a-eng.php>



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO

Annual Oral Health Report



December 14, 2017

For information, please contact:

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Purpose

To provide information about the findings of the Health Unit's school-based dental screening program from the last school year: September 2016 to June 2017.

Methodology

Publicly funded elementary schools and three private schools participated in the school-based dental screening program. Students in Junior Kindergarten, Senior Kindergarten, and Grade 2 at publicly funded schools were screened in accordance with the Oral Health Assessment and Surveillance Protocol of the Ontario Public Health Standards.

Based on the screening results of the Grade 2 students at each school, the school was categorized into the following levels of screening intensity: "Low", "Medium", or "High", as per the Protocol. Increased screening intensity level requires that additional grades be screened.

The parents of the students in these grades who decline to have their children screened advise their school administrators who then pass this information on to Health Unit staff. Children whose parents have consented to screening but who are absent on the day of screening may be screened on a subsequent screening day.

Student level data was collected by six Registered Dental Hygienists employed by the Health Unit. The need for and urgency of dental care was recorded and parents were advised during the required follow-up. As well, indicators of previous dental caries were recorded. Data was collected and stored in accordance with the Oral Health Assessment and Surveillance Protocol, the Health Protection and Promotion Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Protection Act.

The Ministry of Health and Long-Term Care's Oral Health Information Support System was used to generate summary statistics from the student level data. Historical aggregate data was accessed from archived Health Unit spreadsheets. These data were further analyzed using Microsoft Excel.

Key Findings

Participation. Of the 19,569 students who were offered dental screening at the schools that participated in the school-based dental screening program, 15,735 or 80% were screened (Figure 1). For the 2016-2017 school year, the Health Unit did not have parental consent to screen 2,740 (14%) students, and 1,094 (6%) were absent on the day(s) that staff were screening at their

schools. The percentage of absent and excluded students is similar to the previous year's percentage.

Screening intensity. Among the 131 elementary schools with Grade 2 in the Health Units jurisdiction, 89 (68%) were categorized as Low intensity, 24 (18%) as Medium intensity, and 18 (14%) as High intensity as per the Oral Health Assessment and Surveillance Protocol which is described in the sidebar (Figure 2).

Dental caries. The percentages of Junior Kindergarten, Senior Kindergarten, and Grade 2 students screened who were caries-free, (i.e. have never had tooth decay or the removal or filling of a tooth because of caries) were 77%, 68%, and 57%, respectively (Figure 3). These percentages are similar to the previous school year which were 76%, 68%, and 57% respectively. Seven percent of Grade 2 students screened had two or more teeth with tooth decay (Figure 4).

Urgent dental needs. One thousand seven hundred and fifty-one (1751) students or 11.1% of those screened were found to have urgent dental needs which deemed them clinically eligible to receive Healthy Smiles Ontario Essential and Emergency Care funding for their dental care (Figure 5). The percentage of students found to have urgent dental needs is almost double than the previous school year's. The eligibility criteria of the Healthy Smiles Ontario Program changed in 2016 and therefore more students qualify for the program. To date, most students found to have urgent dental needs were referred to local dental offices for treatment. Most students began treatment, and the few cases that have not are monitored to ensure treatment begins shortly.

Next Steps

- The Health Unit will continue to increase the capacity of the school-based and daycare-based fluoride varnish programs to address the percentages of students who are caries-free.
- The Health Unit continues to work with elementary schools to promote awareness of the dental screening program and assist eligible children to enroll in the Healthy Smiles Ontario program.

Results

Figure 1. Percentages of students screened, absent and refused by school year.

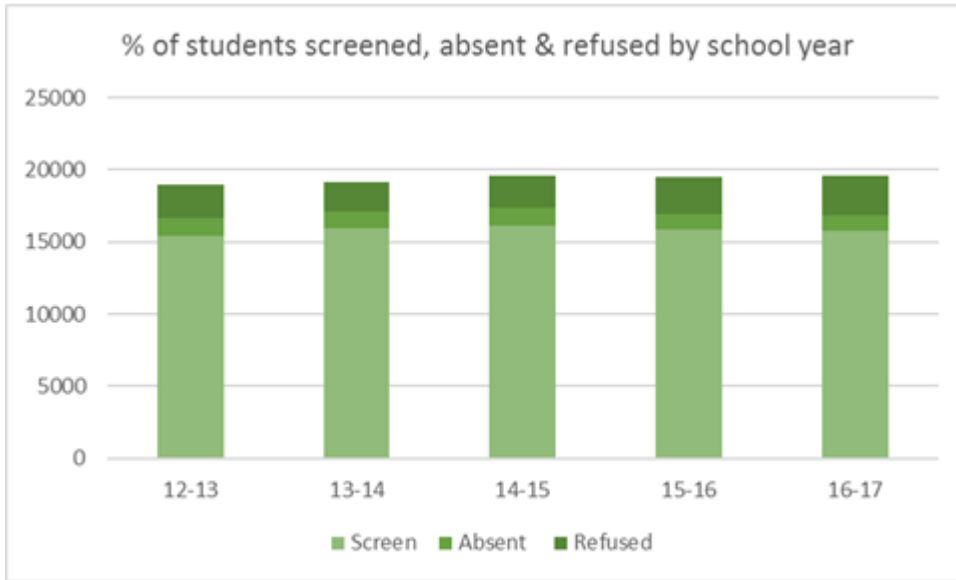


Figure 2. Screening intensity of schools by school year.

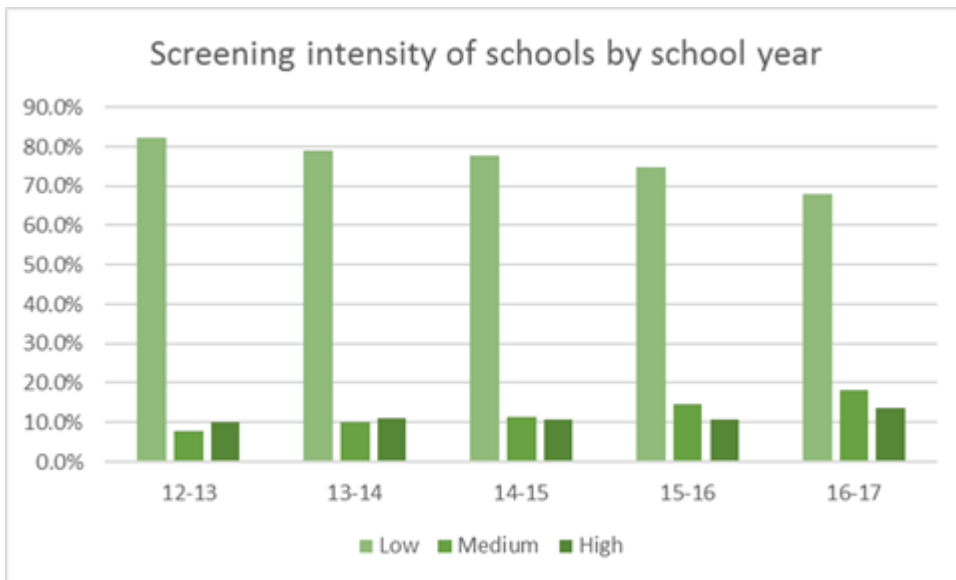


Figure 3. Percentage of students screened who were caries-free by grade.

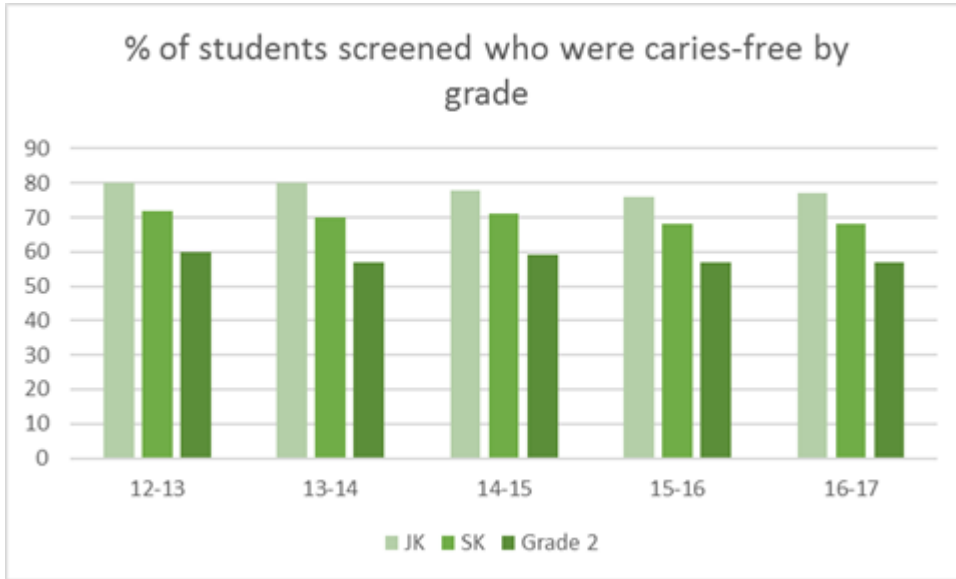


Figure 4. Percentage of Grade 2 students screened with two or more teeth affected by caries (decay, removals, or fillings) by school year.

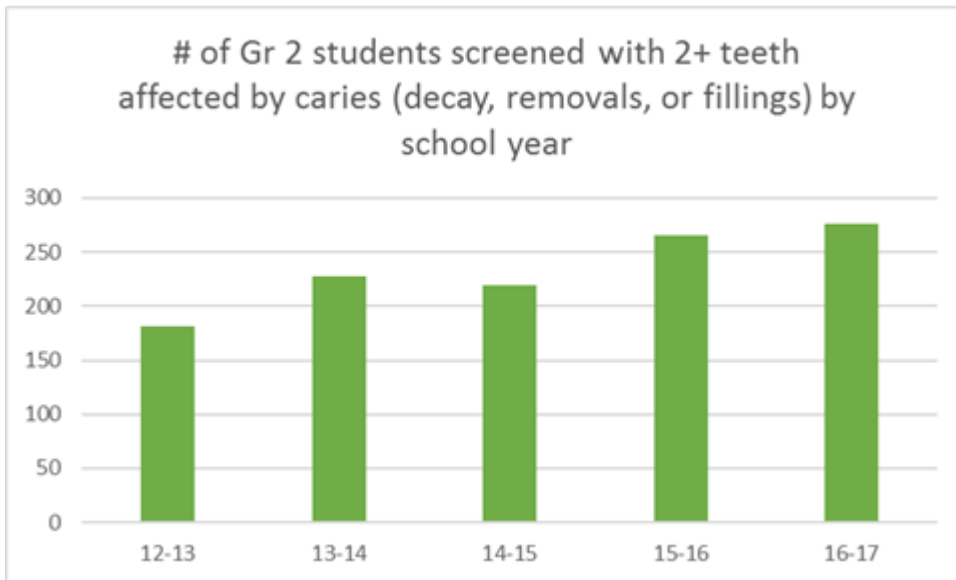
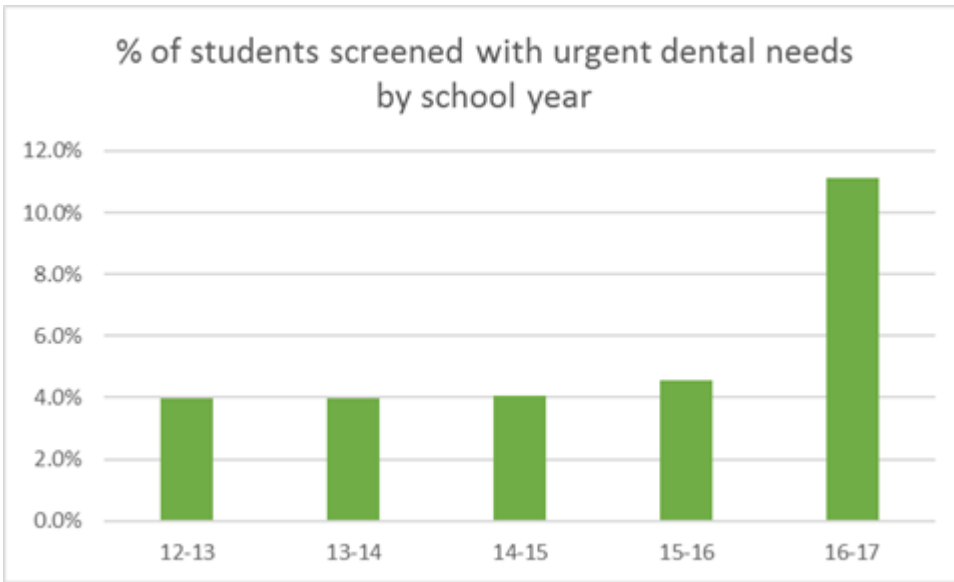


Figure 5. Percentage of students screened with Urgent dental needs by school year.



Note: The eligibility criteria of the Healthy Smiles Ontario Program changed in 2016 and therefore more students qualify for the program.



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer

DATE: 2017 December 14

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT, DECEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 062-17 re: Medical Officer of Health Activity Report, December for information.

The following report presents activities of the Medical Officer of Health for the period of November 6, 2017 to November 29, 2017.

- November 6 Met with Janette McDonald, Downtown London to discuss harm reduction waste “Hot Spots”
- November 7 Attended the CPSC meeting at City Hall to speak to the report of the Minister’s Expert Panel on Public Health
- November 8 Chaired a meeting of the MLHU IMS Drug Crisis group
- November 9 Attended the Anova Creating Safety for Women & Children Project meeting
Attended the LHIN’s Indigenous Opioid Action Group meeting
Attended the City’s Dundas Place Design Reveal
- November 10 Met with external stakeholders in regards to the Location Project RFP process
- November 13 Met with Gerry Macartney, London Chamber of Commerce regarding Supervised Consumption Facilities (SCF)
Met with Mel Sheehan, London resident in regards to SCF
Attended and participated at the Old East Village (OEV) Community Consultation for SCF
- November 14 Was interviewed by Liny Lamberink AM980 News in regards to the Opioid Crisis
- November 15 Attended and participated at the SCF Community Consultation for the SOHO area
- November 17 Chaired a meeting of the COMOH Sugar Sweetened Beverage (SSB) Working Group
Met with members of the Opioid Crisis Working Group to discuss planning aspects for a SCF
- November 20 Met with Jen Pastorius, OEV to discuss SCF
Met with Paul Cheng in regards to drug crisis issues

- Chaired a meeting of the IMS Opioid Crisis group
Met with medical student Karishma Taneja in regards to pursuing a public health career
- November 21 Provided opening remarks at the Program Evaluation Framework (PEF) Workshop
Met with Janette MacDonald, Downtown London Association in regards to SCF
- November 22 Provided remarks at the Inmotion wrap up luncheon
Attended the 2017 Pillar Community Innovation Awards
- November 23 Interviewed by Devon Peacock in regards to opioids, SCF and the public consultation process to date
- November 24 Attended the alpha 2017-2018 Board of Directors meeting in Toronto
- November 27 Attended a special meeting of the Finance and Facilities Committee
- November 28 Attended and participated at the SCF Community Consultation for the London core area
- November 29 Attended the inaugural meeting of the Nurse Family Partnership Advisory Board
Attended a meeting with MLHU staff and Brian Lester, Regional HIV/AIDS Connection in regards to next steps for Community Drug and Alcohol Strategy (CDAS)
Attended and participated in the Northeast East Community Consultation event on addictions

This report was submitted by the Office of the Medical Officer of Health.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

TO: Chair and Members of the Board of Health
FROM: Dr. Christopher Mackie, Medical Officer of Health
DATE: 2017 December 14

EXPANDING OPIOID RESPONSE AS CRISIS GROWS

Recommendation

That the Board of Health:

- 1) Receive Report No. 076-17 re: Expanding Opioid Response as Crisis Grows; and***
- 2) Direct Health Unit staff to apply to the Ministry of Health and Long-Term Care for an Opioid Prevention Site (OPS) in London in response to the public health emergency here and across the Province.***

Key Points

- There were 336 opioid-related deaths in Ontario from May to July 2017, compared with 201 during the same time period in 2016, representing a 68 per cent increase in the province.
- From July to September 2017, there were 2,449 emergency department visits in Ontario related to opioid overdoses, compared with 1,896 in the three-months prior, representing a 29 per cent increase.

Background

The Health Unit's Incident Management System (IMS) was activated by the Medical Officer of Health September 25, 2017 to enhance the response to the community drug crisis (see Report No. 054-17).

On December 7, 2017, in response to a Coroner's Report that identified a stark increase in the number of opioid overdose deaths in Ontario, the Minister of Health and Long-Term Care announced additional measures to address the opioid crisis. The Province will be providing naloxone to police and fire services in addition to seeking from the federal government an expanded ability to address overdoses, as new data shows that opioid-related deaths continue to increase. There was a 68 per cent increase in opioid-related deaths in Ontario from May to July 2017 as compared to the same time period the year prior (336 vs 201). From July to September 2017, there were 2,449 emergency department visits related to opioid overdoses, compared with 1,896 in the three-months prior, representing a 29 per cent increase.

In addition to these measures, Ontario is also improving access to comprehensive care for people living with addictions by opening new Rapid Access Addiction Medicine (RAAM) clinics and expanding the services and hours of operation of existing RAAM clinics. These clinics provide immediate help and short-term addictions treatment, as well as counselling, until they can be connected to longer-term holistic support in their community. More than 30 communities across Ontario will benefit from new or expanded RAAM clinics.

Ontario has established an Opioid Emergency Task Force that includes front-line workers and people with lived experience to strengthen the province's coordinated response to the opioid crisis. Over the next three years, Ontario will invest more than \$222 million to combat the opioid crisis in Ontario, including expanding harm reduction services, hiring more front-line staff and improving access to addictions supports across the province.

The government has also committed to invest \$20 million annually in Ontario's Chronic Pain Network. Ontario is working with Health Quality Ontario and other partner organizations to provide customized prescribing data, mentoring, education and other supports for physicians to share best practices for supporting

people with opioid use disorder, and to promote safe opioid prescribing and effective approaches to managing pain.

Expansion of Naloxone

Naloxone is a medication that can temporarily reverse an opioid overdose. Naloxone kits will now be offered to all 61 police services across the province, including municipal and First Nation police services and the Ontario Provincial Police. The kits will also be made available to all 447 municipal fire departments (full-time, composite, and volunteer fire departments, all northern fire departments, as well as all First Nations fire services) to prevent overdoses, and could also be used to help front-line police and firefighters in case of exposure. Naloxone kits are currently available to the public for free at participating pharmacies and from eligible community and health organizations.

Since the enhancement of the Harm Reduction Program in August 2017, there have been 573 Kits distributed to eligible community organizations in Middlesex-London. This helps to ensure that there are numerous locations where naloxone can be provided to respond to overdoses for those who are most at risk.

Opioid Prevention Sites

The federal government recently announced changes to policy that would expand the ability of provinces to respond to the escalating opioid crisis. Under the new federal policy, provinces experiencing a public health emergency will be able to request an exemption under federal law for temporary overdose prevention sites.

In response to this federal change in policy, Minister Hoskins wrote a letter to the Federal Health Minister to formally request that the federal government allow Ontario to approve and fund overdose prevention sites. These overdose prevention sites would provide necessary health services that are accessible and free of stigma to help reduce the growing number of overdose deaths affecting some of the most vulnerable and marginalized populations in the province. Establishing overdose prevention sites with a federal exemption would also protect front-line workers at these sites from criminal prosecution. [Appendix A](#) details the differences between Overdose Prevention Sites (OPS) and Supervised Consumption Facilities (SCF).

As part of the local work towards an application for federal exemption from the Controlled Drug and Substances Act (CDSA) to allow for one or more Supervised Consumption Facilities (SCFs), ten formal community consultations and four focus groups were conducted throughout the month of November. Feedback from these engagement efforts was positive. Data analysis has started on the information gathered at the public consultations and preliminary results from that feedback will be available next week. An on-line survey was made available at the beginning of November and will remain open until December 15, 2017. Almost 2000 people have completed the online survey, and initial results and feedback have been favourable.

Conclusion/Next Steps

The Ministry is currently working on the details of what the OPS program will look like in Ontario. MLHU, Regional HIV/AIDS Connection (RHAC), London Intercommunity Health Centre (LIHC), and other key community partners are planning in earnest for an OPS in London in the near future. MLHU has identified sites that could be used for OPS if urgently needed, one of which may be acceptable in the long-term as an SCF. MLHU may be the lead agency for an SCF federal exemption application, though the operation would be in partnership with other agencies. MLHU is in the process of sourcing, and potentially purchasing, some of the basic equipment and supplies that would be needed for an OPS.

This report was submitted by the Sexual Health Team, Environmental Health & Infectious Disease Division.



Dr. Christopher Mackie, MD, MHSc, CCFP, FRCPC, Medical Officer of Health

Differences between Opioid Prevention Sites (OPSs) and Supervised Consumption Facility (SCFs)

OPS	SCF
Were opened without federal exemption in communities in response increase overdose deaths.	Supervised injection sites (SISs) or SCFs are “legally sanctioned and supervised facilities designed to reduce the health and public order problems associated with illegal injection drug use
Sites are opened while awaiting response from Federal Government for approval for SCF.	Require federal approval to ensure public health and safety requirements are met. Specific requirements need to be met for application i.e. applicant information and statement, policies and procedures (staff responsibilities, disposal procedures, record keeping, site security), financial plan, site floor plan, consultation report (from surveys and community consultations), and letter of support from Health Minister.
Were usually volunteer run.	Staffing complement of nurses, counsellors, peers etc. Paid positions.
Provinces experiencing a public health emergency can now request an exemption under federal law for temporary overdose prevention sites with a plan to apply for an SCF.	Permanent site.
Will now be funded by Federal Government (Dec 7, 2017)	Funded based on submitted financial plan.