# AGENDA
# MIDDLESEX-LONDON BOARD OF HEALTH

Thursday, May 17, 2018, 7:00 p.m.
399 RIDOUT STREET NORTH
SIDE ENTRANCE, (RECESSED DOOR)
Board of Health Boardroom

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

## SECRETARY-TREASURER

Dr. Christopher Mackie

**DISCLOSURE OF CONFLICTS OF INTEREST**

**APPROVAL OF AGENDA**

**APPROVAL OF MINUTES**

April 19, 2018 – Board of Health meeting
Receive: May 3, 2018 - Finance & Facilities Committee meeting

**DELEGATIONS**

| | |
|---|---|
| 7:05 – 7:15 p.m. | Ms. Vanessa Ambtman-Smith, Indigenous Health Lead, South West LHIN, Ms. Miranda Campbell, Director of Clinical Services, Southwest Ontario Aboriginal Health Access Centre (SOAHAC), Mr. Joe Antone, Indigenous Drug Strategy Coordinator, SOAHAC, Dr. Steinberg, Physician, SOAHAC re: Item #2 Potential Nurse Practitioner (NP) Secondment (Report No. 030-18). |
| 7:15 – 7:25 p.m | Mr. Stephen Turner, Director, Environmental Health & Infectious Disease Division re: Item #3 Supervised Consumption Facilities Verbal Update (Report No. 026-18). |
| 7:25 – 7:35 p.m. | Ms. Trish Fulton, Finance & Facilities Committee verbal update re: Item #1 May 3, 2018 Finance & Facilities Committee Meeting (Report No. 025-18). |

| Item # | Report Name and Number | Link to Additional Information | Delegation | Recommendation | Information | Brief Overview |
|---|---|---|---|---|---|---|
| **Delegations & Committee Reports** | | | | | | |
| 1 | Finance & Facilities Committee Meeting May 3, 2018<br><br>(Report No. 025-18) | May 3, 2018 Agenda<br><br>Minutes | x | x | x | To receive information and consider recommendations from the May 3, 2018 Finance & Facilities Committee meeting. |
| 2 | Potential Nurse Practitioner (NP) Secondment<br><br>(Report No. 030-18) | Appendix A | x | x | | To request the secondment of a Nurse Practitioner to provide service to Addiction Services Thames Valley and the Southwest Aboriginal Health Access Centre. |
| 3 | Update: Supervised Consumption Facilities<br><br>(Report No. 026-18) | Appendix A | x | | x | To provide an update on Supervised Consumption Facilities. |
| **Recommendation Reports** | | | | | | |
| 4 | 2018 Budget – MOHLTC Approved Grants<br><br>(Report No. 027-18) | Appendix A<br>Appendix B | | x | | To provide an update on the increase in base funding for 2018 and request that the Board Chair sign Amending Agreement No. 10 to the Public Health Funding Accountability Agreement. |
| **Information Reports** | | | | | | |
| 5 | Update on MLHU Breastfeeding Services and Supports<br><br>(Report No. 034-18) | | | | x | To provide an update on the planning process that was completed to maximize the impact of breastfeeding programs and services and the recommendatinos that resulted. |
| 6 | Summary Information Report for May<br><br>(Report No. 028-18) | Appendix A<br>Appendix B<br>Appendix C<br>Appendix D | | | x | To provide an update on Health Unit progams and services for May. |
| 7 | Medical Officer of Health/Chief Executive Officer Activity Report for April<br><br>(Report No. 029-18) | | | | x | To provide an update on the activities of the MOH/CEO. |

**OTHER BUSINESS**

- Next Finance and Facilities Committee Meeting: June 7, 2018 @ 9:00 a.m.
- Next Board of Health Meeting: June 21, 2018 @ 7:00 p.m.
- Next Governance Committee Meeting: June 21, 2018 @ 6:00 p.m.

## CORRESPONDENCE

## CONFIDENTIAL

The Board of Health will move in-camera to consider matters regarding identifiable individuals, a proposed or pending acquisition of land by the Middlesex-London Board of Health, to consider confidential minutes from the April 19 Board of Health meeting and to receive confidential minutes from the May 3, 2018 Finance & Facilities Committee meeting.

## ADJOURNMENT

**CORRESPONDENCE**

a) Date: 2018 March 28 [received April 11]
Topic: Dedicated funding for local public health agencies from cannabis sales
From: Hastings Prince Edward Public Health
To: Premier Kathleen Wynne

***Background:***

At its meeting on March 6, 2018, the Hastings Prince Edward Board of Health passed a motion to urge the provincial government to dedicate a portion of cannabis excise tax revenue from the federal government to local public health agencies in Ontario. The rationale for investing additional resources is based on the importance of investment in the prevention pillar of the comprehensive cannabis control strategy being delivered by public health agencies.

***Recommendation:*** Endorse

b) Date: 2018 April 05 [received April 18]
Topic: Urgent funding needed for national health organizations that specialize in tobacco control
From: Coalition Québécoise pour le Contrôle du Tabac (CQCT)
To: Honourable Ginette Petitpas Taylor, Minister of Health

***Background:***
At its March 15, 2018 meeting, the Middlesex-London Board of Health endorsed correspondence item e) "Federal Funding for Non-Smoker's Rights Association and Physicians for a Smoke-Free Canada," wherein the Coalition Québécoise pour le Contrôle du Tabac (CQCT) requested that public health and tobacco control agencies endorse a letter, which they would submit to the federal Health Minister, all Members of Parliament, and health reporters across the country in an effort to reinstate grant funding to support the work of these important agencies. This is the letter that the Middlesex-London Health Unit added its name to, and which was submitted by CQCT on behalf of the tobacco control/health organizations and experts calling on the federal Health Minister to restore funding to the Non-Smokers' Rights Association and Physicians for a Smoke-Free Canada.

***Recommendation:*** Receive.

c) Date: 2018 April 19
Topic: Repeal of Section 43 of Criminal Code Refresh, 2017
From: Grey Bruce Health Unit
To: Honourable Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada

***Background:***

On March 23, 2018, the Grey Bruce Health Unit Board of Health passed a motion supporting the Haliburton, Kawartha, Pine Ridge District Health Unit's resolution to repeal Section 43 of the Criminal Code of Canada, which justifies the use of physical punishment of children. The Grey Bruce Health Unit Board of Health further endorsed the Joint Statement on Physical Punishment of Children and Youth.

***Recommendation:*** Receive.

d) Date: 2018 April 19
Topic: Tobacco and smoke-free campuses
From: Grey Bruce Health Unit
To: Dr. MaryLynn West-Moynes, CEO, Georgian College

***Background:***

On March 23, 2018, the Grey Bruce Health Unit Board of Health passed a motion to endorse Public Health Sudbury & Districts' resolution regarding tobacco and smoke-free campuses. Details of the correspondence received from Public Health Sudbury & Districts on February 27, 2018, can be referenced in the Board of Health meeting agenda for April 19, 2018.

***Recommendation:*** Receive.

e) Date: 2018 April 19
Topic: Annual Service Plan and 2018 Budget
From: Grey Bruce Health Unit
To: Honourable Helena Jaczek, MPP (Oak Ridges—Markham)

***Background:***

On March 23, 2018, the Grey Bruce Health Unit Board of Health passed a motion to endorse Haliburton, Kawartha, Pine Ridge District Health Unit's letter to the Minister of Health and Long-Term Care urging the Minister to reconsider the decision to implement a four-year budget freeze for public health units. Details of the correspondence received from Haliburton, Kawartha, Pine Ridge District Health Unit, dated March 13, 2018, can be referenced in the Board of Health meeting agenda for April 19, 2018.

***Recommendation:*** Receive.

f) Date: 2018 April 19
Topic: Oxford County and Elgin St. Thomas announce new health unit board, name, and logo
From: Southwestern Public Health Oxford–Elgin–St. Thomas
To: Boards of Health

***Background:***

On May 1, 2018, Elgin St. Thomas Public Health and Oxford County Public Health will merge to form the new Southwestern Public Health Oxford–Elgin–St. Thomas. The two health units will continue to work through the process of integrating their operations during the remainder of 2018, and will continue to operate services at their existing locations in Woodstock and St. Thomas. The new logo will appear on public health materials after May 1, 2018.

***Recommendation:*** Receive.

g) Date: 2018 April 19
Topic: Oral Health Report update
From: Windsor-Essex County Health Unit and Board of Health
To: Boards of Health

***Background:***

In 2013, Windsor-Essex County Health Unit (WECHU) began looking at its oral health data for a five-year period and agreed to issue a report on the community's oral health in 2018. The Oral Health (2018) Report provides six years of school screening data and compares with Ontario averages to determine trends for oral health outcomes across Windsor-Essex. The report's recommendations are summarized as follows: reintroducing fluoridation in the water system for both the City of Windsor and Essex County, ongoing support for oral health education and awareness, improved access to oral health services, and advocacy for improved funding to support the expansion of public dental programs such as Healthy Smiles Ontario.

***Recommendation:*** Receive.

h) Date: 2018 April 25
Topic: Ontario Public Health Standards: Requirements for Programs, Services and Accountability
From: Roselle Martino, ADM, Population and Public Health Division, Ministry of Health and Long-Term Care
To: Medical Officers of Health, Board of Health Chairs

***Background:***

On April 25, 2018, the Ministry of Health and Long-Term Care released the fifth installment of the Ontario Public Health Standards: Requirements for Programs, Services and Accountability, which includes four additional guidelines for 2018: the Chronic Disease Prevention Guideline, the Healthy Growth and Development Guideline, the Injury Prevention Guideline, and the Management of Potential Rabies Exposures Guideline. The expectation is that implementation of the requirements outlined in these guidelines shall begin as of the date of the guideline's release, or at the beginning of the next school year for those programs and services delivered in schools. Documents can be accessed on the Ministry's website at:
http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx

***Recommendation:*** Receive.

i) Date: 2018 April 30
Topic: Mandatory food literacy curricula in Ontario schools
From: Kingston, Frontenac and Lennox & Addington (KFL&A) Public Health
To: Honourable Indira Naidoo-Harris, Minister of Education

***Background:***

In Ontario, food literacy education and training was removed from primary school education several decades ago, while food literacy curriculum remains elective to secondary school students. With food literacy on the decline, there has been an increase in ready-to-consume foods, with marketing of unhealthy foods and beverages leading to greater risk of diet-related chronic conditions. On April 25, 2018, the KFL&A Board of Health passed a motion to endorse provincial policy action recommended in the Food-EPI Canada 2017 report. This report issues a broad recommendation that the provincial government evaluate current school curricula with respect to food literacy and food skills training, and make these subjects a mandatory component of primary and secondary school education.

***Recommendation:*** Receive.

j) Date: 2018 April 30
Topic: 2018 election policy priorities from alPHa
From: Association of Local Public Health Agencies (alPHa)
To: All Board of Health members

***Background:***

The Association of Local Public Health Agencies (alPHa) provided an update and reminder to all Boards of Health regarding election policy priorities and key messages to be shared with local electoral candidates and current Members of Provincial Parliament (MPP). Refer to Correspondence item c) in the Board of Health meeting agenda for January 18, 2018. Boards of Health are encouraged to customize the templates provided in preparation for meetings with local electoral candidates and incumbents to discuss priorities in advance of the 2018 provincial election.

***Recommendation:*** Receive.

k) Date: 2018 April 16 [received April 27]
Topic: Assessor under Section 82 of the Health Protection and Promotion Act (HPPA)
From: Roselle Martino, ADM, Population and Public Health Division, Ministry of Health and Long-Term Care
To: Bill Rayburn, CAO, Middlesex County

***Background:***

On April 16, 2018, the Ministry of Health and Long-Term Care responded to a letter from Mr. Rayburn dated March 6, 2018, denying his request to have an assessor appointed to conduct an assessment of the Board of Health for the Middlesex-London Health Unit (MLHU).

***Recommendation:*** Receive.

l) Date: 2018 May 07
Topic: Board of Health for the Middlesex-London Health Unit - 2018-19 Public Health Funding Allocations
From: Dr. Helena Jaczek, Minister of Health
To: Ms. Joanne Vanderheyden, Chair, Board of Health

***Background:***

On May 7, 2018 the Ministry of Health and Long-Term Care advised the Board of Health for the Middlesex-London Health Unit that up to $484,000 in additional base funding and up to $40,000 in one-time funding for the 2018-19 funding year will be provided to support the provision of public health programs and services in Middlesex-London.

m) Date: 2018 May 10
Topic: alPHa Resolutions for Consideration at June 2018 Annual General Meeting
From: Association of Local Public Health Agencies
To: Chairs and Members of Boards of Health, Medical Officers of Health

***Background:***

The Association of Local Public Health Agencies (alPHa) will hold its Annual General Meeting-Resolutions Session on June 11, 2018. The alPHa Resolutions for Consideration package was circulated to health units on May 10, 2018. These resolutions have been reviewed and recommended by the alPHa Executive Committee to go forward for discussion at the AGM. Resolutions for consideration include:

- Sustainable Funding for Local Public Health in Ontario [Peterborough Public Health]
- Public Health Support for a Minimum Wage that is a Living Wage [Peterborough Public Health]
- Public Health's Role in Food Affordability Surveillance [Ontario Dietitians in Public Health]
- Extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance to 24 Months [Elgin St. Thomas Public Health]
- A Comprehensive Approach to Infection Prevention and Control (IPAC) in Regulated Health Professional Settings [Simcoe Muskoka District Health Unit]

alPHa members will have an opportunity to vote on resolutions at the Resolutions Session June 11, and must register to vote as a delegate on behalf of the Middlesex-London Board of Health.

***Recommendation:*** Endorse.

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

**PUBLIC SESSION – MINUTES**
**MIDDLESEX-LONDON BOARD OF HEALTH**
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, April 19, 2018, 7:00 p.m.

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**MEMBERS PRESENT:** **Ms. Joanne Vanderheyden (Chair)**
**Ms. Trish Fulton (Vice-Chair)**
Mr. Michael Clarke
Mr. Jesse Helmer
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Ian Peer
Mr. Kurtis Smith
Mr. Marcel Meyer

**REGRETS:** Ms. Maureen Cassidy

**MEDIA:** Mr. Dan Brown, *London Free Press*

**OTHERS PRESENT:** Dr. Christopher Mackie, Secretary-Treasurer
Ms. Elizabeth Milne, Executive Assistant to the Board of Health and Communications (Recorder)
Mr. Joe Belancic, Manager, Procurement and Operations
Ms. Laura Di Cesare, Director, Corporate Services
Mr. Brian Glasspoole, Finance Manager
Mr. Dan Flaherty, Communications Manager
Ms. Heather Lokko, Director, Healthy Start
Ms. Linda Stobo, Manager, Chronic Disease and Tobacco Control
Dr. Alexander Summers, Associate Medical Officer of Health
Mr. Stephen Turner, Director, Environmental Health and Infectious Diseases
Mr. Alex Tyml, Online Communications Coordinator
Ms. Maureen Rowlands, Director, Healthy Living

Chair Vanderheyden called the meeting to order at 7:02 p.m.

## DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Vanderheyden inquired if there were any disclosures of conflict of interest to be declared. None were declared.

## APPROVAL OF AGENDA

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the **AGENDA** for the April 19, 2018 Board of Health meeting be approved.*

Carried

## APPROVAL OF MINUTES

It was moved by Mr. Smith, seconded by Mr. Helmer, *that the **MINUTES** of the March 15, 2018 Board of Health meeting be approved.*

Carried

## DELEGATIONS AND COMMITTEE REPORTS

Dr. Mackie introduced, for the first time, two new members of the Senior Leadership Team: Dr. Alex Summers and Ms. Maureen Rowlands.

Dr. Summers gave a presentation to the Board, which included his work history, education background, and reasons for choosing to work at the Middlesex-London Health Unit.

Ms. Maureen Rowlands gave a presentation to the Board, which included a summary of her past work and education experience, as well as her passion for health education.

**Finance & Facilities Committee Meeting – April 5, 2018 (Report No. 021-18)**

Ms. Fulton introduced, provided context, and summarized the following reports, which were considered at the Finance & Facilities Committee meeting on April 5:

**Sherwood Forest Mall Lease Renewal (Report No. 012-18FFC)**

The Finance & Facilities Committee received for this report for information.

**Award of Security Quote and Security Measures Update (Report No. 013-18FFC)**

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

1) *Receive Report No. 013-17 re: "Award of Security Quote and Security Measures Update" for information;*
2) *Approve the permanent extension of the uniformed daytime security guard contract as a part of ongoing security services;*
3) *Approve the proposed Security Procurement Parameters as outlined in Appendix A; and*
4) *Approve award of Quote Q18-01 to Canadian Security Concepts in the amount of $73,987 for a term of one year with the option to renew for one additional year, as recommended by the Finance & Facilities Committee.*

Carried

**Shared Library Services Partnership 2018–19 Transfer Payment Agreement (Report No. 014-18FFC)**

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

1) *Receive the 2018–19 Transfer Payment Agreement to Report 014-18FFC;*
2) *Authorize the Chair to sign the agreement; and*
3) *Increase the 2018–19 Shared Library Services Partnership (SLSP) operating budget by $638.25 to reflect the increased grant amount.*

Carried

**Ministry of Children and Youth Services (MCYS) Program Funding (Report No. 015-18FFC)**

The Finance & Facilities Committee received this report for information.

Ms. Fulton requested a clarification to the draft April 5 Finance & Facilities Committee meeting minutes.

Dr. Mackie explained why security was kept on until 10:00 p.m. for one additional night each month.

It was moved by Ms. Fulton, seconded by Mr. Helmer, *that the Board of Health receive the draft April 5 Finance & Facilities Committee meeting minutes.*

Carried

## INFORMATION REPORTS

**Summary Information Report for April 2018 (Report No. 022-18)**

Discussion ensued about funds to be provided to offset additional costs incurred through the legalization of cannabis. Ms. Stobo answered questions and advised that staff are still seeking clarity around the nature of this funding and how it will help public health in covering such costs.

It was moved by Ms. Fulton, seconded by Mr. Hunter, *that the Board of Health receive Report No. 022-18 re: "Summary Information Report for April 2018" for information.*

Carried

**Medical Officer of Health/Chief Executive Officer Activity Report for April (Report No. 023-18)**

It was moved by Mr. Peer, seconded by Ms. Kasi, *that the Board of Health receive Report No. 023-18 re: "Medical Officer of Health Activity Report for April" for information.*

Carried

## CORRESPONDENCE

Dr. Mackie made note of the Ministry of Health's funding announcement, advising of a two-percent increase in funding for all health units, with the potential for a three-percent increase for base funding for mandatory programs, in addition to another $16 million available for additional one-time funding requests. Dr. Mackie advised that this budget does not cover location-related costs, that staff must submit a Q1 variance report to the Ministry to receive the funding, and that staff will bring forward a report to the Finance & Facilities Committee regarding the implications of this additional funding.

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

Carried

## OTHER BUSINESS

Chair Vanderheyden reviewed the upcoming meeting dates:
- Finance & Facilities Committee meeting: May 3, 2018 @ 9:00 a.m.
- Board of Health meeting: May 17, 2018 @ 7:00 p.m.
- Governance Committee meeting: June 21, 2018 @ 6:00 p.m.

Chair Vanderheyden reminded the Board of Health that alPHa's annual general meeting will run June 10–12 in Toronto, and that the Health Unit's annual charity golf tournament in support of the United Way Elgin Middlesex will be held on Thursday, June 28. Board members are invited to attend both events, and can contact Ms. Milne if they would like to participate.

## CONFIDENTIAL

At 7:30 p.m., it was moved by Mr. Hunter, seconded by Mr. Meyer, *that the Board of Health move in-camera to consider matters regarding identifiable individuals, a proposed or pending acquisition of land by the Middlesex-London Health Unit, to consider the confidential minutes of the March 15 Board of Health meeting, and to receive the confidential minutes of the April 5, 2018 Finance & Facilities Committee meeting*.

Carried

All staff and others left the meeting except Dr. Mackie, Ms. Milne, Ms. Di Cesare, Ms. Lokko, Ms.

Rowlands, and Mr. Turner.

At 7:54 p.m., it was moved by Mr. Hunter, seconded by Ms. Smith, *that the Board of Health rise and return to public session.*

Carried

At 7:54 p.m., the Board of Health returned to public session.

Ms. Fulton noted that she recently attended and represented MLHU at the London Chamber of Commerce Business Achievement Awards, together with Finance Manager Brian Glasspoole. Ms. Fulton was very impressed with the vibrancy of businesses in London and by the broad spectrum of awards and business excellence showcased at the March 21 event.

Chair Vanderheyden advised that businesses in the County received a number of awards as well.

**ADJOURNMENT**

At 7:58 p.m., it was moved by Mr. Helmer, seconded by Mr. Meyer, *that the meeting be adjourned.*

Carried

| ______________________________ | ______________________________ |
|---|---|
| **JOANNE VANDERHEYDEN** | **CHRISTOPHER MACKIE** |
| **Chair** | **Secretary-Treasurer** |

**PUBLIC MINUTES**
**FINANCE & FACILITIES COMMITTEE**
50 King Street, London
Middlesex-London Health Unit
Thursday, May 3, 2018, 9:00 a.m.

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| | |
|---|---|
| **MEMBERS PRESENT:** | Ms. Trish Fulton (Chair)<br>Mr. Jesse Helmer<br>Mr. Marcel Meyer<br>Ms. Joanne Vanderheyden |
| **REGRETS:** | Ms. Tino Kasi |
| **OTHERS PRESENT:** | Ms. Laura Di Cesare, Director, Corporate Services<br>Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health (Recorder)<br>Mr. Trevor Hunter, Board of Health<br>Mr. Ben Dalupan, Manager, IT<br>Mr. Jeff Cameron, Stronghold Services Corporation<br>Mr. Brian Glasspoole, Manager, Finance<br>Mr. Joe Belancic, Manager, Procurement and Operations |

Chair Fulton called the meeting to order at 9:00 a.m.

**DISCLOSURES OF CONFLICT(S) OF INTEREST**

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

**APPROVAL OF AGENDA**

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the **AGENDA** for the May 3, 2018 Finance & Facilities Committee meeting be approved.*

Carried

**APPROVAL OF MINUTES**

It was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the **MINUTES** of the April 5, 2018 Finance & Facilities Committee meeting be approved.*

Carried

**NEW BUSINESS**

**4.1 2018 Information Technology Workplan (Report No. 018-18FFC)**

Ms. Di Cesare introduced Mr. Ben Dalupan and Mr. Jeff Cameron of Stronghold Services Corporation. Mr. Cameron walked attendees through a PowerPoint presentation, and advised on the current IT Team structure and the roles and responsibilities of both Health Unit and Stronghold staff. He identified the projects that Stronghold has deemed are priorities and are identified in the 2018 5 Pillar IT Workplan. Mr. Cameron provided a brief overview of each priority item and Stronghold's plan for moving forward. Ms. Di Cesare noted that staff have been asked not to develop new client-record applications or to spend money on fixing old ones as the Health Unit is looking to implement an Electronic Client Record platform in the future.

Discussion ensued on the following items:

DRAFT

- FRx replacement: Ms. Di Cesare noted that FRx is no longer supported and does not have encumbrance capabilities. It is being scoped as part of an Enterprise Resource Program (ERP). She noted that while the full ERP may take some time, the FRx replacement will be installed by January 2019.
- Data centre migration: Mr. Dalupan advised that to move the server into the data centre, the WAN must be addressed first.
- "Cloud" data storage: FFC members were assured that no data is being stored in the USA. Ms. Di Cesare noted that the Health Unit has data-sharing agreements with other organizations and that the Health Unit confirms that all data is stored within Canada before signing such agreements.

It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 018-18FFC re: "2018 Information Technology Workplan" for information.*

Carried

**4.2 2018 Budget – Ministry of Health and Long-Term Care Approved Grants (Report No. 019-18FFC)**

Ms. Di Cesare noted that the Ministry has asked for Q1 variances to be submitted by the end of May. The Ministry is moving to have agreements signed before the provincial election writ is dropped.

It was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 019-17 re: "2018 Budget – Ministry of Health and Long-Term Care Approved Grants" for information.*

Carried

**4.3 Q1 Financial Update and Factual Certificate (Report No. 020-18FFC)**

Ms. Di Cesare introduced the report. Mr. Glasspoole provided further explanations where needed. It was noted that the ECR funding request for the IT plan was included in the Q1 variance.

There was discussion regarding the general expenses and revenues budget. Ms. Di Cesare noted that the incremental budget amount is for Activity Based Workstation (ABW) expansion for three new teams. The current furniture has been deemed "end of life," and needs to be replaced. An ABW evaluation report will come to the Board in July.

In response to a question, Ms. Di Cesare advised that Step 4 (of 5) of the Community Health Capital Program (CHCP) funding application has been completed. Step 5 will not be received from the Ministry for completion until step 4 is approved.

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee recommend that the Board of Health:*

1. *Receive Report No. 020-18FFC re: Q1 Financial Update and Factual Certificate and appendices; and*
2. *Approve Table 2: Additional Initiatives Under Consideration.*

Carried

**4.4 Great-West Life Benefits – Renewal Rates (Report No. 021-18FFC)**

Ms. Di Cesare noted that the Health Unit, through its broker, negotiates prices annually with its insurance provider during the renewal process. While the Health Unit is due to go to market this year for the next renewal in 2019, the Health Unit will first attempt to re-negotiate with the current provider.

DRAFT

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive and recommend that the Board of Health approve the renewal of the group insurance rates administered by Great-West Life as described in Report No. 021-18FFC re: "Great-West Life Benefits – Renewal Rates."*

Carried

**OTHER BUSINESS**

Next meeting: Thursday, June 7, 2018, 9:00 a.m. 50 King St, Room 3A

**CONFIDENTIAL**

At 10:14 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Finance & Facilities Committee move in-camera to discuss matters regarding identifiable individuals and to consider the confidential minutes of the April 5, 2018 Finance & Facilities Committee meeting.*

Carried

At 10:58 a.m., it was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee return to public session.*

Carried

At 10:58 a.m., the Finance & Facilities Committee returned to public session.

**ADJOURNMENT**

At 10:59 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the meeting be adjourned.*

Carried

At 10:59 a.m., Chair Fulton *adjourned the meeting*.

DRAFT

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**TRISH FULTON** **LAURA DI CESARE**
**Chair** **Director, Corporate Services**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 025-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 May 17

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## FINANCE & FACILITIES COMMITTEE MEETING – MAY 3

The Finance & Facilities Committee met at 9:00 a.m. on Thursday, May 3, 2018. A summary of the discussion can be found in the draft minutes.

The following reports were considered, with recommendations made to the Board of Health:

| Reports | Recommendations for Information and Consideration |
|---|---|
| **2018 Information Technology Workplan**<br><br>(**Report No. 018-18FFC**) | It was moved by Mr. Meyer, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 018-18FFC re: "2018 Information Technology Workplan" for information.*<br>Carried |
| **2018 Budget – Ministry of Health and Long-Term Care Approved Grants**<br><br>(**Report No. 019-18FFC**) | It was moved by Ms. Vanderheyden, seconded by Mr. Helmer, *that the Finance & Facilities Committee receive Report No. 019-17 re: "2018 Budget – Ministry of Health and Long-Term Care Approved Grants" for information.*<br>Carried |
| **Q1 Financial Update and Factual Certificate**<br><br>(**Report No. 020-18FFC**) | It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee recommend that the Board of Health:*<br>*1. Receive Report No. 020-18FFC re: Q1 Financial Update and Factual Certificate and appendices; and*<br>*2. Approve Table 2: Additional Initiatives Under Consideration.*<br>Carried |
| **Great-West Life Benefits – Renewal Rates**<br><br>(**Report No. 021-18FFC**) | It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee recommend that the Board of Health approve the renewal of the group insurance rates administered by Great-West Life as described in Report No. 021-18FFC re: "Great-West Life Benefits – Renewal Rates."*<br>Carried |

The Committee moved in-camera to discuss matters regarding identifiable individuals and to consider the confidential minutes of the April 5, 2018 Finance & Facilities Committee meeting.

The next meeting will be on Thursday, June 7, 2018, at 9:00 a.m., in Room 3A, 50 King Street.

This report prepared by the Office of the Medical Officer of Health.

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

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 030-18

TO: Chair and Members of the Board of Health

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

DATE: 2018 May 17

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# POTENTIAL NURSE PRACTITIONER (NP) SECONDMENT

## *Recommendation*

***It is recommended that the Board of Health:***

1. ***Receive Report No. 030-18 re: "Potential Nurse Practitioner (NP) Secondment";***
2. ***Approve the continuation of secondment discussions with Addiction Services Thames Valley; and***
3. ***Approve the relevant funding for 0.4 FTE NP support for the First Nations communities to the end of 2018.***

## Key Points

- In response to the opioid crisis in London and Middlesex County and in neighbouring First Nations, Addiction Services Thames Valley and the Southwest Ontario Aboriginal Health Access Centre are working to address urgent and immediate needs by establishing addiction treatment clinics in London and neighbouring First Nations.
- Middlesex-London Health Unit (MLHU) has received a request for a full-time secondment from Indigenous leaders, Addiction Services Thames Valley (ADSTV), and the Southwest Ontario Aboriginal Health Access Centre for a Nurse Practitioner (NP) to work in addiction treatment.
- From June to December 2018, it is proposed that MLHU contribute 0.4 FTE in salary and benefits for the NP to work in local First Nations communities in partnership with SOAHAC, the remainder of the NP salary and benefits being paid by ADSTV.

## Background

Addiction Services Thames Valley (ADSTV) is creating an in-house clinic space at 200 Queens Avenue, which will allow a fuller scope of nurse and nurse practitioner (NP) service to a typically hard-to-serve population without primary care providers. They require NP expertise to get the clinic up and running, and to continue to define their place in the spectrum of intersecting healthcare addictions-related services. ADSTV is in need of interim NP support three days per week; they expect to hire a full-time NP to meet their clinical service needs in a more sustainable manner.

The Southwest Ontario Aboriginal Health Access Centre (SOAHAC) is also in the process of setting up an addictions clinic, located at their SOAHAC Chippewa site, which will provide opioid and stimulant replacement therapy to all members of the Chippewa, Oneida, and Munsee First Nations. The service would be integrated within the existing Indigenous primary care model. While the overarching goal is to create a sustainable plan for these services, SOAHAC has an immediate need for NP expertise to provide service in their Chippewa clinic two days per week. Please see Appendix A, which is the briefing note to the SOAHAC Board of Directors.

MLHU fully disinvested its NP-led Family Health Clinic providing primary care services to pregnant women and families with young children in January 2018, as these primary care services were available in the broader community, and are not within public health's mandate. At this time, while MLHU does not have a practicing NP in any of its programs, the organization maintains an NP position within its collective agreement with ONA.

### Financial and Staffing Implications

At this time, it is anticipated that MLHU would negotiate a secondment agreement with ADSTV for 1.0FTE. The NP at MLHU, currently employed in a Public Health Nurse position, is very interested in this secondment opportunity. Implications are as follows:

- The NP would remain an MLHU employee, receive MLHU's NP salary rate, accrue seniority, maintain all benefits, continue to pay into the pension fund, and maintain MLHU vacation allotment.
- Until December 2018, MLHU would bill ADSTV for 0.6FTE of the NP, and the remaining 0.4FTE of the NP position would be allocated by ADSTV to SOAHAC at Chippewa with $53,314.29 in financial support from MLHU (using variance).
- Should the secondment be renegotiated beyond December 2018, MLHU would bill ADSTV for the full 1.0FTE.
- Both administrative and clinical supervision would be provided by ADSTV.
- Reporting within MLHU would be to the Program Lead, Harm Reduction.
- The 1.0FTE PHN position currently filled by the NP would be posted to ensure full PHN capacity remains in place.

### Next Steps

With the Board of Health's approval, a Secondment Agreement will be drafted with ADSTV and SOAHAC. Additionally, an MOU will also be drafted with the Ontario Nurses' Association (ONA) regarding the temporary reinstatement of the NP position and the PHN backfill. Once both Agreements are finalized, the NP would begin working for ADSTV and the PHN position will be posted. It is anticipated that this secondment would begin in June 2018.

This report was prepared by the Environmental Health and Infectious Disease Division.

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

# Briefing Note to the Board of Directors

## Indigenous Opioid Overdose Crisis Response

| | |
|---|---|
| Meeting Date: | May 17th, 2018 |
| Submitted By: | Vanessa Ambtman-Smith, Indigenous Health Lead, South West LHIN |
| Submitted To: | ☒ Board of Directors ☐ Board Committee |
| Purpose: | ☒ Information Only ☐ Decision |

**Purpose**
To provide an overview of an emergent issue related to a high rate of opioid overdoses within the First Nation communities in Middlesex. The goal is to mobilize a service level response to this crisis, and develop a sustainable plan to address addictions within the First Nations communities moving forward.

**The Issue**
Middlesex County's three First Nations are currently in the grip of an opioid crisis, as evidenced by a confirmed 9 overdoses just in the month of March, 2018. In addition to the overdose crisis, Indigenous people are experiencing an HIV/AIDS epidemic connected to injection drug use, with 58% of new HIV infections in Indigenous people coming from IV drug use, compared to only a 14% infection rate in all Canadians (PHAC, 2012).

New data from Our Health Counts London paints a frightening picture regionally, where an astonishing 17% of Indigenous adults used prescription opiates without a prescription, with over a third (36%) of them using every day (Our Health Counts London, 2016). Perhaps even more concerning is that 13% of Indigenous adults have used a needle to inject drugs, with 4% percent of Indigenous adults having shared needles while using drugs (OHC, 2016). To address this need, the opportunity presents itself to combine and utilize two well-researched knowledge bases, that of Indigenous-led health care and opiate replacement therapy, specifically suboxone in a primary care setting with wholistic supports in place.

**The opportunity**
To generate a collaborative service level response, the LHIN's Indigenous Lead is working directly with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) to engage other organizations to mobilize resources for two purposes: to build on an **Indigenous focused drug strategy** and to create access to **opioid replacement therapy by integrating a rapid access addiction medicine** clinic into SOAHAC's primary care team at the Chippewa of the Thames location.

The proposed suboxone clinic will be Indigenous-led, and embedded in SOAHAC's primary care clinic, which is grounded in an integrated, comprehensive and culturally safe model of care. Both proposed ideas



DRAFT

will be done collaboratively, and are fully embraced by local First Nations (letters of support are forthcoming from Oneida and Munsee-Delaware at this time). Additionally, SOAHAC has the added capacity of Dr. Steinberg, a physician contract working out of the Chippewa site. Dr. Steinberg has over 20 years' experience in Addictions Medicine and will lead the start-up of a Suboxone clinic and support training for clinical staff and N.P.'s. These services will be available to all members of the Chippewa, Oneida and Munsee First Nations.

The implications of enhancing supports via a suboxone clinic will not only save lives and reduce the burden of disease on a community level; research bears that it may also be a significant cost saving measure to the provincial healthcare system. The opportunity to leverage SOAHAC's existing infrastructure and primary care model is an important foundation in being able to work quickly to address this crisis. The unique health and social crisis faced by Aboriginal people in the South West LHIN requires a unique response grounded in both Indigenous and western evidence bases, and one that is Indigenous-led. SOAHAC has succeeded where other provincial efforts have not due to the need for Indigenous Cultural Safety and barrier free programming.

**Fast Facts:**

- 1 in 5 (17%) of all Aboriginal people in London have used a prescription opiate in the past year without a prescription, with over a third (36%) using every day (Our Health Counts London, 2017)
- Almost 1 in 5 (19%) injection drug users self-identify as Aboriginal in London, with 4% noting that they have shared a needle (PHAC, 2012)
- 58% of all new HIV infections among Aboriginal people are attributable to injection drug use, versus only 14% for all Canadians (PHAC, 2012)

**Next Steps**

- To develop a robust plan to address to emerging overdose crisis (May 2018)
- To continue to engage and formalize supports form the three First nations communities (May 2018); seeking formal letters of support
- To mobilize resources to support RAAM integrated model of care and initiate training/ mentorship (May - June 2018)
- To work as part of the Indigenous drug strategy to create a sustainable model of care based on data collected through the clinic, and to build capacity across the region to enhance knowledge base on opioid replacement therapy

## APPENDIX A: Indigenous Mitigation and Amplification Matrix (South West LHIN) - UPDATED

| **APPENDIX B:**<br>**Indigenous Inclusion and Reconcili-ACTION Mitigation and Amplification Matrix** |
|---|
| **Corporate/ Governance Level** |
| The Board of Directors is informed of and endorses its obligations on Indigenous engagement and inclusion under LHSIA |
| By-laws/ Board policy include a detailed statement on Indigenous engagement and inclusion process, including a strategic plan on how to implement policies, including mandatory Indigenous Cultural Safety (ICS) for the board |
| The LHIN/CCAC has Indigenous representation on its board of directors and its committees (at least 1 for board of less than 10 members; 2 for board of 10 members or more) |
| A statement describing the responsibilities of the board of directors and the senior management team with respect to Indigenous inclusion and engagement; service provision and process is developed and adopted |
| An Indigenous/ First Nations Advisory to the board is developed at the governance level; Board members develop sub-committee to establish direct relationships with First Nations; Indigenous stakeholder boards |
| An Indigenous policy statement is developed and adopted detailing how LHIN is meeting obligations around Indigenous inclusion and engagement including the Indigenous annual report to the board, human resources structure - recruitment, hiring, staffing, communications, ICS training plan, development of system performance indictors |
| **Address issues of Indigenous cultural safety across the system – e.g. hospital board level** |
| **Indigenous Inclusion and Engagement Accountability** |
| A report on all Indigenous inclusions and engagement activities/ progress is submitted annually to the board of directors, LHIN CEOs and Ministry of Health and Long-term Care Indigenous Health Policy Secretariat (Provincial Annual Indigenous Health Report) |
| Indigenous Health Lead, LHIN level - to report quarterly on Indigenous engagement and inclusion activities to LHIN Board and Senior management team |
| Development of Indigenous Cultural Safety (ICS) training and sustainability plan to support training and tracking all staff across enhanced LHIN |
| A senior director has been designated to assume responsibility for Indigenous engagement and inclusion in the enhanced LHIN |
| LHIN CEO is accountable for Indigenous engagement and inclusion, and a member of the Provincial Aboriginal LHIN Network (PALN) |
| A mechanism is developed and in place to manage complaints re: Indigenous service delivery; process of inclusion |
| The LHIN/CCAC is able to track and identify how the needs of the Indigenous population are integrated into all planning activities/ priorities |
| Reporting is done through the IHSP, the ABP, the quarterly reports, and the annual report |
| **Ensure that there is a process in place for First Nations to connect with LTC; seek access to supports in community** |
| **Community Engagement** |
| The LHIN/Home Care updates and follows the Indigenous Inclusion and Reconcili-action Roadmap, demonstrating how and when the system purposefully and actively engages the Indigenous communities and partners through various methods, such as representation on committees/groups, consultations, surveys, etc. |
| The Indigenous Health structures, including the Indigenous Health Committee, are engaged and active as per their mandate/ membership |
| **Create strategy to support residence hospice support capacity engagement** |
| **Planning/ Advancing Indigenous Cultural Safety** |
| The LHIN/CCAC integrates an Indigenous population health and equity lens in its planning cycle and activities |
| The LHIN develops and supports annual Indigenous Cultural Safety forums/ strategic planning with a focus on sub-regions |
| The LHIN includes local conditions/ obligations re: Indigenous Cultural Safety (ICS) in SAAs |
| The LHIN monitors HSPs' progress re: ICS |
| The LHIN supports equity and quality improvement processes to enhance the cultural safety of LHIN-led, supported priorities/ systems of care (e.g. Health Links, coordinated care planning, hospice palliative care, mental health and addictions, etc.) |
| |

| **Communications** |
|---|
| The website features updated progress of Indigenous Roadmap and upcoming activities/ events; information on all LHIN -led Indigenous structures and membership; information and updates on advancing Indigenous Cultural Safety (ICS); information on Provincial Aboriginal LHIN Network planning and activities; local and sub-regional Indigenous priorities and action plans: **http://www.southwestlhin.on.ca/communityengagement/Indigenous%20Engagement.aspx** |
| Communications and publications intended for the public contain updates on Indigenous engagement and inclusion activities, along with appropriate visuals and images (e.g., pamphlets, brochures, public notices, press releases, etc.) |
| Information about available Indigenous services are made accessible to the public (e.g. via Thehealthline.ca and other Indigenous publications) |
| |
| **Direct Services to Clients – Home Care** |
| Systematic review of all policies with Indigenous cultural safety lens to ensure services are inclusive, accessible and culturally safe for Indigenous peoples |
| A mechanism is in place to enable clients to self-identify as Indigenous |
| Capacity is being developed to ensure availability of professionals/ nursing services that practice culturally competent care |
| Contracts signed with third parties to ensure that there are processes in place to address the needs of Indigenous clients |
| **Design new Indigenous specific patients complain process;**<br>**A mechanism, such as a survey or complaint process, is available and is clearly communicated to clients to evaluate the quality of services they receive** |
| **Create guidelines/ education on how to input the Aboriginal identifier in CHRIS** |
| **Human Resources** |
| Indigenous staff/ allies trained in Indigenous Cultural Safety are identified, and an inventory is maintained |
| Staffing of personnel with expertise and experience in Indigenous health is ensured in order to support development and implementation of Indigenous health priorities at LHIN level |
| The number of employees required to adequately support addressing inequities in Indigenous health is identified, and positions are designated |
| A human resources plan is in place (to support all staff with ongoing participation in Indigenous Cultural Safety training) |
| **Enhance Indigenous leadership in Home Care; care coordination** |
| **Indigenous Health Planning and Inclusion Structure** |
| Re-design and strengthen the Indigenous Health Committee to expand into a structure of committees that can align and support the Patients First implementation in the South West, including ongoing Indigenous community engagement at the patient and family level (this will be synthesized into a report that can be brought forward to the PFAC (there is no Indigenous voice at this table); and to inform the work across the system in key areas of focus, including, but not limited to: sub-regional levels; across the IHSP priorities; across the sectors.<br><br>The re-design will also include interim measures to ensure that the Indigenous voice is amplified as the transition process is |
| The health needs and priorities of Indigenous communities identified and prioritized;<br>Investments and resources required to build capacity and address service gaps/ improvements to improve Indigenous health outcomes and equitable access to care |
| • The health services available to the Indigenous peoples in the region<br>• Strategies to improve access to, accessibility of and integration of culturally safe practices and training in the local health system<br>• The planning for and innovation/ improvement of health services in the area |
| The LHIN and the IHC have created a Liaison/ Leads that represent the voice of the communities through the AHC at the sub-regional planning levels; creating a sub-committee whose members meet at least twice a year |
| The LHIN and the Indigenous Health Committee (IHC) develops a Joint Annual Action Plan |
| The LHIN considers the advice, and where appropriate, acts in a fashion consistent with the IHC's advice and recommendations |
| The Indigenous LHIN Lead ensures that alignment of key priorities and representatives are connected and accountable back to the IHC and LHIN |

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 026-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 May 17

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# UPDATE: SUPERVISED CONSUMPTION FACILITIES

## Recommendation

***It is recommended that the Board of Health receive Report No. 026-18 re: "Update — Supervised Consumption Facilities" for information.***

**Key Points**

- On April 20, 2018, MLHU and RHAC submitted three applications to the Ministry of Health and Health Canada to operate one mobile and two fixed Supervised Consumption Facilities.
- Neighbourhood meetings were held in regard to both fixed site locations.
- In response to a delegation from the Medical Officer of Health, the City of London's Planning and Environment Committee recommended that City Council endorse Supervised Consumption Services in principle, and specifically at both 241 Simcoe Street and 446 York Street.

## Background

The Middlesex-London Health Unit (MLHU) and the Regional HIV/AIDS Connection (RHAC) have worked together with several partners in the health, social services, and emergency response sectors to address the increased rate of infectious diseases, such as HIV, infective endocarditis, and invasive Group A Streptococcus (iGAS), as well as fatal overdoses among people who inject drugs (PWID). On April 20, 2018, three applications were submitted to the Ministry of Health and Health Canada for an exemption under the Controlled Drug and Substances Act (CDSA) to operate Supervised Consumption Facilities (SCF). These applications included requests to operate two fixed SCF sites, as well as one mobile site.

## Location

Data collected from London Cares Homeless Response Services, Downtown London, RHAC, and MLHU has helped to identify where improperly disposed needles are most prevalent. This information can be used as a proxy for identifying where injection drug use occurs in public spaces. Generally, these areas include alleys, behind buildings, parks, and parking lots in spaces out of sight from the street. From this data, it is shown that the areas currently experiencing moderately high degrees of injection drug use are the downtown core, South of Horton (SoHo), Old East Village (OEV), and Hamilton Road neighbourhoods. As part of the community consultations and survey, participants were asked to identify potential locations for an SCF. Multiple respondents indicated the SoHo, Downtown/Core and Old East Village areas as possible sites. This information assisted in deciding where to locate the two fixed sites, as well as service areas for the mobile vehicle.

After an extensive review of several properties, 120 York Street and 372 York Street were identified as potential fixed sites, but were ultimately abandoned when lease negotiations failed. Subsequently, several new locations at came under consideration, with 446 York Street and 241 Simcoe Street being the most feasible. The 446 York Street site is in close proximity to the Men's Mission emergency shelter, where many of those experiencing homelessness are also battling addictions. It is also suited to serve clients from the OEV, Downtown, and SoHo neighbourhoods. The building has ample space to provide wraparound services to address addictions, mental health, wound care, and Indigenous supports. It is proposed that the 241 Simcoe Street location be established on the ground floor of a London and Middlesex Housing Corporation building,

where clients would access SCF services through a discreet, separate entrance to the building. The location is also directly situated within an area experiencing challenges with substance use. As it is on the northern edge of the SoHo neighbourhood, it would be accessible to clients from the area, as well as to those from Downtown and the Salvation Army Centre of Hope emergency shelter. While the location is within a residential facility, support from both the Board of the London and Middlesex Housing Corporation and the SoHo Community Association would suggest that many people in the neighbourhood already recognize that the drug crisis is affecting their area, and that an SCF has the potential to help reduce its impact.

The mobile facility will serve downtown, SoHo, and OEV. Partners will be engaged in the specifics of facility locations and lengths of stops.

## Neighbourhood Meetings

On April 20, 2018, representatives from MLHU and RHAC met with residents of 241 Simcoe to share the proposed location, to discuss the impacts of SCFs, and to hear residents' concerns. A second meeting was held by LMHC to seek feedback from tenants, particularly those who were not able to attend or were uncomfortable voicing their opinion at the April 20 meeting.

On Thursday, April 26, 2018, neighbourhood meetings were held with property owners, business owners, and residents located within 120 metres of the proposed SCFs (both the 241 Simcoe Street and 446 York Street locations). These *pro forma* meetings followed the requirements for public engagement as set out in London City Council's policy on the siting of Temporary Overdose Prevention Sites (TOPS) and SCFs. The Council Policy requires meeting with neighbouring residents and businesses within 120 metres of a proposed TOPS or SCF location. Attendees at these meetings were provided with study findings demonstrating that SCFs help save lives, prevent spread of disease, reduce health care expenditures, and can help improve neighbourhoods and property values. The MLHU and RHAC have been exploring innovative ways to improve the design and delivery of SCFs, and continue to seek input from stakeholders.

Attendees were also given an update on the success of the TOPS, the role of community partners, a review of the site-specific public consultation feedback, and a floor plan of the proposed site. The meeting also provided an overview of the facility's proposed operational model, as well as an opportunity to hear community concerns, discuss measures that could be taken to mitigate those concerns, and establish a system for ongoing communication with the community. Appendix A outlines feedback received at these meetings.

## Conclusion / Next Steps

On April 30, 2018, in response to a delegation from the Medical Officer of Health, the Planning and Evaluation Committee recommended that London City Council: endorse the provision of SCFs in London; affirm that it supports the provision of SCFs at 241 Simcoe Street and 446 York Street, in accordance with Council policy; direct civic administration to begin neighbourhood safety planning; and direct civic administration to work with LMHC to advance this project.

London City Council's Planning and Environment Committee will meet again on May 14, 2018, to consider a zoning bylaw amendment to create a zoning category for SCFs and TOPS. Once zoning is established, an application for a zoning amendment for both sites will be submitted to the City for consideration at a future Planning and Environment Committee meeting.

At the time of writing, the Ministry of Health and Health Canada are reviewing these applications.

This report prepared by the Sexual Health Team, Environmental Health and Infectious Diseases Division.

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

**Neighbour Consultation Meeting - 446 York St**

**Summary of Table group discussion / Questions of clarification**

What will the name of the facility be? Why are we glossing over the word “drug” why aren’t we calling it what it is? Why SCF?

Will aftercare space be large enough to hold all the clients so they are not out loitering?

What will the safety and security measures be? Beyond the code of conduct

What happens if they don’t obey the code of conduct? What are the consequences?

Logistics around SCF, hours of operation, wait times/volume – will they have the capacity? Are people compelled to stay after using? How does this affect loitering?

Are there going to be a lot of people hanging out around the site – will there be more as the men’s mission is right across the street – they hang out their now. Lots of time you see the methadone clinic and line-ups outside – how will this be addressed?

Is after care mandatory? What percentage is actually using it?

No presentation around financial or staffing plan? What investment is being made and what can be expected?

Distressing to see the location highlights? See contradictions

What happens to the person if they are told they are unable to use at the facility – what happens to them then? Also when they leave the site where do they go? What happens to those not staying for the after care?

Why is it so close to HB Beal? Contradicts what was posted on the website saying it would not be close to a school.

**Neighbourhood concerns – suggestions to address concerns**

No pro’s for the site, only cons
Too close to high schools, and walk-in traffic business
Concern for vulnerable people with traffic on York St.
Increase in prevalence of drugs at night

Overburdening of community members – dealing with similar issues and public disorder for many years – finding a better location would be suggested

Pride in neighbourhood and community and lots of concerns and challenges already in their neighbourhood – will bring more on this community when they are trying to revitalize.

Solution – quarantine it all in one location and away from downtown. Move all the facilities (men's mission, methadone, SCF) that support these people and then downtown could be revitalized.

Concern for those using the facility and the men's mission, and being on York St., and travelling unsafely across the street

Any possibility to move to an industrial area with transportation for those that would use the facility?

Have to be cautious when pulling into underground parking in their building? Positive feeling wanting to help people, but question the layout, planning,

Also concerns with lack of police response in their area.

Not confident about the property taxes, and insurance rates. Could there be discussion on these with the city.

Re-evaluating the safety of the current area, then being able to compare to 6 month post site opening.

433 King - already people loitering and hanging out at all hours of the night and day - will this increase the negative behaviour to this area

433 King resident – clean for 20 years – understand the harm reduction process, little disappointed as the decisions are being made out of desperation. Circumventing channels, and caught up in red tape – creating a corridor from Simcoe, SA, MM's, York St., Chapmans, etc. Put all services in the old LPH, green space, facilities, community areas, etc. Police don't come right away to this neighbourhood – too many situations happening. Work with the police so that they residents feel safe. Need their presence and it needs to be transparent.

Zoning by the city – Council can pass a zoning – can this go through the appeal process and challenged by the public?

**Neighbour Consultation Meeting - 241 Simcoe St.**

**Table group discussion / Questions of clarification**

How much will it cost to operate the site and what happens if it closes with a change in government and/or policy.

Questioning the part about a decrease in public disorder – concern is that people are currently using in this area, if the SCF is there, where will they go after. You say they will disperse (not stick around), but how do you know that. Could they mill about and cause some public disorder?

What is the plan for eliminating drug use in the community? Is the community drug and alcohol strategy going to be the tool that will help to decrease the drug use? What will be the tool to do this?

Does this issue fall under the harm reduction pillar of the community drug and alcohol strategy?

Why do we not call this enabling? Are we going to solve this problem by having these 2 sites and the mobile site? How do we get people off drugs?

What is the pattern of use at SCF over time? How does this compare - how many people would be consuming vs those using the sites to consume.

What happens when the users leave the facility? Hours of operation? How will you handle drug traffickers?

How far out will the security go? Set up perimeters.

What will the city do to alleviate the destruction of property? Why funding for this versus putting that money into housing, mental health or treatment?

Why not have a larger police presence in the area, so that it helps to deter the destruction of property in this area.

Garbage collection in these areas – city won't collect unless bagged properly.

What will happen with the existing facilities on that ground floor? Will they be moved or or will they no longer exist?

Will you be supplying clean needles? Could there be a deposit on the needles to help with them being returned? Need to have them pick up their own needles. Want to know how the needles in the whole community will be address not just around the site?

What about the public health of the residents in this community?

How did they pick this site as no one in this community agreed to have it in this area. Is it because we are poor and have no voice?

Notice is never given in a timely matter, had to see on news before actually know about it in their neighbourhood. We have no voice

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 027-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 May 17

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# 2018 BUDGET – MOHLTC APPROVED GRANTS

## *Recommendation*

***It is recommended that the Board of Health receive Report No. 027-18 re: "2018 Budget – MOHLTC Approved Grants" and direct the Board Chair to sign the Amending Agreement No. 10 to the Public Health Funding Accountability Agreement.***

**Key Points**

- On April 13th the Health Unit received notification from the Ministry of Health and Long-Term Care (MOHLTC) of a 2% increase in base funding for 2018 for all health units and potentially another 1% for some health units. This was outlined in Report No. 019-18FFC.
- Subsequently, on May 7th the Health Unit received the provincial grant approvals for 2018 which included a 3% increase to base funding totaling $484,000
- Also included was approval for two one-time funding grants for business cases totaling $40,000 submitted to the Ministry with the 2018 Annual Service Plan and Budget Submission on March 1st.

## Background

A letter from Roselle Martino, Assistant Deputy Minister, Population and Public Health Division on Monday, May 7, is attached as Appendix A. This letter confirms that the Ministry of Health and Long-Term Care will provide the Board of Health with up to 3% or $484,000 in additional base funding and up to $40,000 in one-time funding for the 2018-19 funding year. Total maximum funding available under the Accountability Agreement is $21,321,800 as set out in the following table:

**Table 1 - Summary of Board of Health Approved Budget**

| | **2018 Budget** |
|---|---|
| Base funds - cost shared (previously approved) | $ 16,131,200 |
| Approved base funding increase (3%) | 484,000 |
| Base funds - cost shared (revised) | $ 16,615,200 |
| Base funds - 100% | 4,180,700 |
| Base funds - related programs - cost shared | 485,900 |
| One-time funds | 40,000 |
| **Total Maximum Base Funds** | **21,321,800** |

## One-time Funding

As part of the 2018 Annual Service Plan and Budget Submission of March 1st the Health Unit submitted three business cases totaling $100,000 for one-time 100% funding. Approval was received for two grants

including $10,000 for Public Health Inspector Practicum Program Funding and $30,000 for Healthy Menu Choice Act Enforcement. A third grant request of $60,000 for Quit Clinic – Provision of Nicotine Replacement Theory to Priority Populations was not awarded.

### Amending Agreement to the Public Health Funding Accountability Agreement

To accept the 2018 MOHLTC grants, the Board Chair must sign the Amending Agreement to the Public Health Funding Accountability Agreement attached as Appendix B. The amending agreement provides the relevant changes to the terms and conditions of the Agreement signed in 2014.

This report was prepared by the Finance Team, Healthy Organization Division.

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

Appendix A to Report No.027-18

**Ministry of Health and Long-Term Care**

Assistant Deputy Minister's Office

Population and Public Health Division
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**Ministère de la Santé et des Soins de longue durée**

Bureau du sous-ministre adjoint

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iApprove-2018-00620

MAY 07 2018

Dr. Christopher Mackie
Medical Officer of Health
Middlesex-London Health Unit
50 King Street
London ON N6A 5L7

Dear Dr. Mackie:

**Re: Ministry of Health and Long-Term Care Public Health Funding and Accountability Agreement with the Board of Health for the Middlesex-London Health Unit (the "Board of Health") dated January 1, 2014, as amended (the "Accountability Agreement")**

This letter is further to the recent letter from the Honourable Dr. Helena Jaczek, Minister of Health and Long-Term Care, in which she informed your organization that the Ministry of Health and Long-Term Care (the "ministry") will provide the Board of Health with up to $484,000 in additional base funding and up to $40,000 in one-time funding for the 2018-19 funding year to support the provision of public health programs and services in your community. This will bring the total maximum funding available under the Accountability Agreement for the 2018-19 funding year up to $21,321,800 ($21,281,800 in base funding and $40,000 in one-time funding).

The ministry entered into an Accountability Agreement with the Board of Health dated January 1, 2014, as amended. I am pleased to provide you with two (2) copies of the Amending Agreement that contains the terms and conditions governing the funding referred to in the Minister's letter.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

It is also essential that you manage costs within your approved budget.

.../2

Dr. Christopher Mackie

Please review the Amending Agreement carefully, sign both copies enclosed, and return both copies to:

Brent Feeney
Manager, Funding and Oversight Unit
Accountability and Liaison Branch
Population and Public Health Division, Ministry of Health and Long-Term Care
393 University Avenue, Suite 2100
Toronto ON M7A 2S1

When all the parties have signed the Amending Agreement, the ministry will return one (1) copy to you and will begin to flow the funds reflected in Schedule A of the Amending Agreement.

Should you require any further information or clarification, please contact Mr. Feeney at 416-212-6397 or by email at Brent.Feeney@ontario.ca.

Sincerely,

Roselle Martino
Assistant Deputy Minister
Population and Public Health Division

Enclosure

c: Laura Di Cesare, Director of Corporate Services, Middlesex-London Health Unit
Jim Yuill, Director, Financial Management Branch, MOHLTC
Phil Cooke, Director, Fiscal Oversight & Performance Branch, MOHLTC

# Amending Agreement No. 10

**This Amending Agreement No. 10**, effective as of January 1, 2018.

**Between:**

**Her Majesty the Queen**
**in right of Ontario**
**as represented by**
**the Minister of Health and Long-Term Care**

(the **"Province"**)

- and -

Board of Health for the Middlesex-London Health Unit

(the **"Board of Health"**)

**WHEREAS** the Province and the Board of Health entered into a Public Health Funding and Accountability Agreement effective as of the first day of January, 2014 (the **"Accountability Agreement"**); and,

**AND WHEREAS** the Parties wish to amend the Accountability Agreement;

**NOW THEREFORE IN CONSIDERATION** of the mutual covenants and agreements contained in this Amending Agreement No. 10, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement ("Amending Agreement No. 10") shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 10, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 10 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Updating the title of the "Ontario Public Health Standards" throughout the Accountability Agreement to the "Ontario Public Health Standards: Requirements for Programs, Services, and Accountability".

   (b) Deleting any references to the "Organizational Standards" throughout the Accountability Agreement and substituting it with "Organizational Requirements".

   (c) Adding the following to the Background section of the Accountability Agreement:

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability, which came into effect on January 1, 2018, includes a revised Public Health Accountability Framework which articulates the scope of the accountability relationship between the Board of Health and the Province and establishes expectations for the Board of Health in the domains of the delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. Accountability is demonstrated in part through the submission of planning and reporting tools by the Board of Health to the Province. These tools enable the Board of Health to demonstrate that they are meeting defined expectations and provide appropriate oversight for public funding and resources.

(d) Deleting the following from the Background section of the Accountability Agreement:

Under section 81.2 of the Act, the Minister of Health and Long-Term Care may enter into an agreement with the Board of Health of the Public Health Unit for the purpose of setting out requirements for the accountability of the Board of Health and the management of the Public Health Unit.

(e) Making the following revisions to Article 1.2 (Interpretation and Definitions) of the Accountability Agreement:

Adding the following definition: **"Budget"** means the budget attached to this Agreement in Schedule "A".

Deleting the definition for **"Compliance Variance"** from the Accountability Agreement.

Deleting the definition for **"Funding Year"** from the Accountability Agreement and substituting it with the following: **"Board of Health Funding Year"** means the period commencing on January 1$^{st}$ and ending on the following December 31$^{st}$.

Adding the following definition: **"Maximum Base Funds"** means the maximum base funds set out in Schedule "A".

Adding the following definition: **"Maximum One-Time Funds"** means the maximum one-time funds set out in Schedule "A".

Adding the following definition: **"Ministry Funding Year"** means the period commencing on April 1$^{st}$ and ending on the following March 31$^{st}$.

Deleting the definition for **"Organizational Standards"** from the Accountability Agreement and substituting it with the following: **"Organizational Requirements"** means those requirements articulated in the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability.

Deleting the definitions for **"Performance Indicator"** and **"Performance Target"** from the Accountability Agreement.

Deleting the definition for **"Performance Variance"** from the Accountability Agreement and substituting it with the following: **"Performance Variance"** means any of: a) non-compliance with any aspect of the *Health Protection and Promotion Act*, its regulations,

the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability published by the Minister under s. 7 of the Act; or, b) any other matter that could significantly affect the Board of Health's ability to perform its obligations under this Agreement.

Deleting "(c) Organizational Standards" from the definition for **"Program(s)"** from the Accountability Agreement.

Deleting the definition for **"Tangible Capital Asset"** from the Accountability Agreement.

(f) Deleting Article 2.2(c) (Execution of Agreement) from the Accountability Agreement and substituting it with the following:

(c) will deliver programs and services that meet the Ontario Public Health Standards: Requirements for Programs Services, and Accountability published under section 7 of the Act, and will comply with the Organizational Requirements therein; and,

(g) Deleting Article 3.3 (Amendments to this Agreement during Term), Article 3.4 (Additional Schedules during Term), and Article 3.5 (Review of Agreement) from the Accountability Agreement and substituting the sections with the following:

**3.3 Amendments to this Agreement during Term.** The Parties agree that amendments to the Agreement and schedules may be made during the Term of this Agreement. Without limiting the generality of the foregoing, the Province may, at any time, upon consultation with the Board of Health, amend the Agreement by adding:

(a) a new Schedule "A" (Grants and Budget);

(b) a new Schedule "B" (Related Program Policies and Guidelines);

(c) a new Schedule "C" (Reporting Requirements); and/or,

(d) a new Schedule "D" (Financial Controls).

**3.4 Deemed to be replaced.** If the Province provides a new schedule in accordance with section 3.3, the new schedule shall be deemed to be Schedule "A" (Grants and Budget), Schedule "B" (Related Program Policies and Guidelines), Schedule "C" (Reporting Requirements), or Schedule "D" (Financial Controls), as the case may be, (collectively referred to as "New Schedules"), for the period of time to which it relates, provided that if the Board of Health does not agree with all or any of the New Schedules, the Board of Health may terminate the Agreement pursuant to section 12.1.

**3.5 Additional Schedules during Term**. The Parties agree that additional schedules may be added to this Agreement by the Province, upon consultation with the Board of Health, during the Term of this Agreement.

**3.6 Review of Agreement.** The Parties agree to review this Agreement every five (5) years to determine if amendments are necessary and/or appropriate.

(h) Deleting 4.2(e) from Article 4.2 (Limitation on Payment of the Grant) of the Accountability Agreement.

(i) Deleting Article 4.6 (Interest) and Article 4.9 (Revenues) from Article 4 (Grant) of the Accountability Agreement.

(j) Deleting Article 5 (Performance Improvement) and substituting it with the following new Article 5 (Performance Improvement):

**5.1 Performance Improvement.** The Parties agree to adopt a proactive and responsive approach to performance improvement ("Performance Improvement Process"), based on the following principles:

(a) a commitment to continuous quality improvement;

(b) a culture of information sharing and understanding; and,

(c) a focus on risk-management.

**5.2 Elements of Performance Improvement Process**. The Board of Health's Performance Improvement Process shall include, but is not limited to:

(a) measuring the Board of Health's performance as articulated in Schedules "A", "B", and "C"; and,

(b) the use of tools including, but not limited to those specified in sections 5.4, 5.5, and 5.6.

**5.3 Reports**. If, through its Performance Improvement Process, a Board of Health identifies a variance in its performance, the Board of Health shall submit in writing a report to the Province, within the timeframe provided by the Province. In addition, the Province may request in its sole discretion such a report from the Board of Health, and the Board of Health shall provide a report to the Province, within the timeframe provided by the Province. The report to the Province shall include:

a) the cause of the variance;

b) an assessment of the impact of the variance on program and service delivery;

c) a description of how the Board of Health plans to resolve the variance and the timeline within which the Board of Health expects to resolve it; and,

d) a description of how the Board of Health plans to resolve any impacts on program and service delivery and the timeline within which the Board of Health expects to resolve them.

**5.4 Action Plan.** The Province may request in writing, either before or after a report(s) specified in section 5.3 has been requested or provided, that the Board of Health submit an Action Plan to address variance(s) described in the report(s). The Action Plan shall describe:

(a) the remedial actions undertaken (or planned to be undertaken) by the Board of Health; and,

(b) the timeframe when the remedial action is expected to be completed.

**5.5 Approval of Action Plan.** The Action Plan must be approved by both the Province and the Board of Health prior to its implementation. Any revisions to the Action Plan also require the approval of both the Province and the Board of Health.

(k) Deleting Article 6.2 (Asset Management) and Article 6.3 (Disposal) from Article 6 (Acquisition of Goods and Services, and Disposal of Assets) of the Accountability Agreement.

(l) Deleting Article 8.2(a) from Article 8.2 (Record Maintenance) of the Accountability Agreement and substituting it with the following:

(a) All financial records (including invoices) relating to the Grant in a manner consistent with generally accepted accounting principles.

(m) Deleting Article 12.1 (Termination on Notice) from the Accountability Agreement and substituting it with the following:

**12.1 Termination on Notice.** The Province or the Board of Health may terminate this Agreement at any time upon giving at least 120 days' Notice to the other Party.

(n) Deleting Article 12.3 (Consequences of Termination on Notice by the Province) from the Accountability Agreement and substituting it with the following:

**12.3 Consequences of Termination on Notice by the Province.** If either the Province or the Board of Health terminates this Agreement or a specific Program pursuant to sections 12.1 or 12.2 or 12.2.2, the Province may:

(a) cancel all further instalments of the Grant;

(b) demand the repayment of any Grant remaining in the possession or under the control of the Board of Health; and/or,

(c) assist the Board of Health to wind-down the Program, project, or other initiative purchased with the Grant; set the Wind-Down Amount; and,

(i) permit the Board of Health to offset the Wind-Down Amount against any Grant amount remaining in the possession or under the control of the Board of Health; and/or,

(ii) provide a Grant to the Board of Health to cover the Wind-Down Amount.

(o) Deleting Article 15.1 (Return of The Grant) from the Accountability Agreement and substituting it with the following:

**15.1 Return of The Grant.** If the Province requests in writing the repayment of the whole or any part of the Grant; due, for example, to an Event of Default or at the end of the Board of Health Funding Year or the Ministry Funding Year; the amount requested

shall be deemed to be a debt due and owing to the Province and the Board of Health shall pay the amount immediately, unless the Province directs otherwise.

(p) Deleting Article 15.4 (Unused Grant) from the Accountability Agreement and substituting it with the following:

**15.4 Unused Grant.** The Board of Health agrees that it shall report to the Province in writing any part of the Grant that has not been used or accounted for by the Board of Health, either 30 days prior to the end of the Board of Health Funding Year, in the quarterly financial reports, or in a report provided as soon thereafter as possible, and when the amount of the unused Grant is known.

(q) Deleting Article 15.5 (Carry Over of Grant Not Permitted) from the Accountability Agreement and substituting it with the following:

**15.5 Carry Over of Grant Not Permitted.** The Board of Health is not permitted to carry over the Grant from one Board of Health Funding Year to the next, unless pre-authorized in writing by the Province. In no case shall the Board of Health be permitted to carry over the Grant beyond the end of the Ministry Funding Year.

(r) Deleting Article 15.6 (Return of Unused Grant) from the Accountability Agreement and substituting it with the following:

**Return of Unused Grant.** Without limiting any rights of the Province under Article 13, or sections 15.1 or 15.2, if the Board of Health has not spent all of the Grant allocated for the Board of Health Funding Year or the Ministry Funding Year as provided for in the schedules, the Province may:

(a) demand the return of the unspent Grant; and,

(b) adjust the amount of any further instalments of the Grant accordingly.

(s) Deleting Article 27.1 (Schedules) from the Accountability Agreement and substituting it with the following:

**27.1 Schedules.** This Agreement includes the following schedules:

(a) Schedule “A” – Grants and Budget;

(b) Schedule “B” – Related Program Policies and Guidelines;

(c) Schedule “C” – Reporting Requirements; and,

(d) Schedule “D” – Board of Health Financial Controls.

(t) Deleting Schedule A-10 (Program-Based Grants) and substituting a new Schedule “A” (Grants and Budget), attached to this Amending Agreement No. 10.

(u) Deleting Schedule B-9 (Related Program Policies and Guidelines) and substituting a new Schedule “B” (Related Program Policies and Guidelines), attached to this Amending Agreement No. 10.

(v) Deleting Schedule C-6 (Reporting Requirements) and substituting a new Schedule “C” (Reporting Requirements), attached to this Amending Agreement No. 10.

The Parties have executed the Amending Agreement No. 10 as of the date last written below.

**Her Majesty the Queen in the right of Ontario as represented by the Minister of Health and Long-Term Care**

______________________________ ______________

Name: Roselle Martino Date
Title: Assistant Deputy Minister,
Population and Public Health Division

**Board of Health for the Middlesex-London Health Unit**

I/We have authority to bind the Board of Health.

______________________________ ______________

Name: Date
Title:

______________________________ ______________

Name: Date
Title:

# SCHEDULE "A"
# GRANTS AND BUDGET

**Board of Health for the Middlesex-London Health Unit**

| **GRANTS** | | |
|---|---|---|
| **Funding Type** | **Amount ($)** | **Funding Period** |
| Maximum Base Funds - Mandatory Programs (Cost-Shared)[1] | 16,615,200 | For each Board of Health Funding Year from the Effective Date until the Maximum Base Funds change, or the Agreement is terminated. |
| Maximum Base Funds - Related Programs (100%)[1] | 4,180,700 | For each Board of Health Funding Year from the Effective Date until the Maximum Base Funds change, or the Agreement is terminated. |
| Maximum Base Funds - Related Programs (Cost-Shared)[1] | 485,900 | For each Board of Health Funding Year from the Effective Date until the Maximum Base Funds change, or the Agreement is terminated. |
| Maximum One-Time Funds (100%) | 40,000 | For the Ministry Funding Year from April 1, 2018 to March 31, 2019, unless otherwise noted. |
| **Maximum Total Funds for the Board of Health and Ministry Funding Years[2]** | **21,321,800** | |

**NOTES:**

(1) The Board of Health may be permitted to carry over maximum base funds from the end of the Board of Health funding year to the end of the Ministry funding year, upon written request from the Board of Health and subsequent written consent from the Province.

(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".

| **DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1, 2018 TO DECEMBER 31, 2018, UNLESS OTHERWISE NOTED)** | | | | | |
|---|---|---|---|---|---|
| **Programs/Sources of Funding[1]** | | | **2017 Approved Allocation ($)** | **Increase / (Decrease) ($)** | **2018 Approved Allocation ($)** |
| Mandatory Programs (Cost-Shared) | | | 16,131,200 | 484,000 | 16,615,200 |
| Chief Nursing Officer Initiative (100%) | # of FTEs | 1.00 | 121,500 | - | 121,500 |
| *Electronic Cigarettes Act* : Protection and Enforcement (100%) | | | 39,500 | - | 39,500 |
| Enhanced Food Safety - Haines Initiative (100%) | | | 80,000 | - | 80,000 |
| Enhanced Safe Water Initiative (100%) | | | 35,700 | - | 35,700 |
| Harm Reduction Program Enhancement (100%) | | | 250,000 | - | 250,000 |
| Healthy Smiles Ontario Program (100%) | | | 692,700 | - | 692,700 |
| Infection Prevention and Control Nurses Initiative (100%) | # of FTEs | 1.00 | 90,100 | - | 90,100 |
| Infectious Diseases Control Initiative (100%) | # of FTEs | 10.50 | 1,166,800 | - | 1,166,800 |
| MOH / AMOH Compensation Initiative (100%)[2] | | | 114,000 | - | 114,000 |
| Needle Exchange Program Initiative (100%) | | | 400,600 | - | 400,600 |
| Small Drinking Water Systems Program (Cost-Shared) | | | 23,900 | - | 23,900 |
| Smoke-Free Ontario Strategy: Prosecution (100%) | | | 25,300 | - | 25,300 |
| Smoke-Free Ontario Strategy: Protection and Enforcement (100%) | | | 367,500 | - | 367,500 |
| Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%) | | | 285,800 | - | 285,800 |
| Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%) | | | 150,700 | - | 150,700 |
| Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%) | | | 100,000 | - | 100,000 |
| Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%) | | | 80,000 | - | 80,000 |
| Social Determinants of Health Nurses Initiative (100%) | # of FTEs | 2.00 | 180,500 | - | 180,500 |
| Vector-Borne Diseases Program (Cost-Shared) | | | 462,000 | - | 462,000 |
| **Total Maximum Base Funds** | | | **20,797,800** | **484,000** | **21,281,800** |

## SCHEDULE "A"
## GRANTS AND BUDGET

**Board of Health for the Middlesex-London Health Unit**

| **DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2018 TO MARCH 31, 2019, UNLESS OTHERWISE NOTED)** | |
|---|---|
| **Projects / Initiatives** | **2018-19 Approved Allocation ($)** |
| *Healthy Menu Choices Act, 2015* - Enforcement (100%) | 30,000 |
| Public Health Inspector Practicum Program (100%) | 10,000 |
| **Total Maximum One-Time Funds** | **40,000** |

(1) The Board of Health may be permitted to move approved funding from one funding source to another, upon written consent from the Province.
(2) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
| --- | --- |
| Source | ***Public Health*** |

## *Chief Nursing Officer Initiative (100%)*

Under the Organizational Requirements of the Ontario Public Health Standards, the Board of Health is required to designate a Chief Nursing Officer. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting directly to the Medical Officer of Health (MOH) or Chief Executive Officer, preferably at a senior management level, and in that context will contribute to organizational effectiveness. Should the role not be implemented at the senior management level as per the recommendations of the 'Public Health Chief Nursing Officer Report (2011)', the Chief Nursing Officer should nonetheless participate in senior management meetings in the Chief Nursing Officer role as per the intent of the recommendation.

The presence of a Chief Nursing Officer in the Board of Health will enhance the health outcomes of the community at individual, group, and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models, and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- 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 <u>OR</u> be committed to obtaining such qualification within three (3) 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.).

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

Base funding for this initiative must be used for Chief Nursing Officer related activities (described above) of up to or greater than 1.0 Full-Time Equivalent (FTE). These activities may be undertaken by the designated Chief Nursing Officer and/or a nursing practice lead. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

## *Electronic Cigarettes Act – Protection and Enforcement (100%)*

The government has a plan, Patients First: Ontario's Action Plan for Health Care (February 2015), for Ontario that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages the people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. Part of this plan includes taking a precautionary approach to protect children and youth by regulating electronic cigarettes (e-cigarettes) through the *Electronic Cigarettes Act, 2015*.

Base funding for this initiative must be used for implementation of the *Electronic Cigarettes Act, 2015* and enforcement activities, including prosecution. Any prosecution costs must be identified through the reporting templates provided by the ministry.

The Board of Health must comply and adhere to the *Electronic Cigarettes Act*: Public Health Unit Guidelines and Directives: Enforcement of the *Electronic Cigarettes Ac*t.

Communications and Issues Management Protocol

1. The Board of Health shall:
   a. Act as the media focus for the Project;
   b. Respond to public inquiries, complaints and concerns with respect to the Project;
   c. Report any potential or foreseeable issues to the CMD of the Ministry of Health and Long-Term Care;
   d. Prior to issuing any news release or other planned communications, notify the CMD as follows:
      i. News Releases – identify five (5) business days prior to release and provide materials 2 business days prior to release;
      ii. Web Designs – 10 business days prior to launch;
      iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
      iv. Public Relations Plan for Project – 15 business days prior to launch;

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

   v. Digital Marketing Strategy – 10 business days prior to launch;
   vi. Final advertising creative – 10 business days to final production; and,
   vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.

e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Marketing Division
   Strategic Planning and Integrated Marketing Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

## *Enhanced Food Safety – Haines Initiative (100%)*

The Enhanced Food Safety – Haines Initiative was established to augment the Board of Health's capacity to deliver the Food Safety Program as a result of the provincial government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the Ontario Public Health Standards. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

## *Enhanced Safe Water Initiative (100%)*

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the Ontario Public Health Standards.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

## *Harm Reduction Program Enhancement (100%)*

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.

<u>Local Opioid Response:</u>

Base funding for this program is intended to support the Board of Health in building 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
  - 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.

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

- 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
    - Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per ministry direction (to be provided).

Naloxone Kit Distribution and Training:

Base funding for this program will establish the Board of Health (or their Designate) as a naloxone distribution lead/hub for eligible community organizations, as specified by the ministry, which will increase dissemination of kits to those most at risk of opioid overdose. To achieve this, the Board of Health is expected to:

- Order naloxone
    - Ordering of naloxone kits as outlined by the ministry; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory
    - Includes managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations.
    - Ensure community organizations distribute naloxone in accordance with eligibility criteria established by the ministry.
- With the exception of entities (organizations, individuals, etc.) as specified by the ministry:
    - Train community organization staff on naloxone administration
        - Includes the provision of training on 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
        - Includes providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
    - Support policy development at community organizations
        - Provide 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
        - Encourage eligible community organizations to acquire naloxone kits for distribution to their clients.

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

*Use of NARCAN® Nasalspray*

The Board of Health will be required to submit orders for Narcan to the ministry 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 and Long-Term Care, including Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) in connection with the Narcan.
- The ministry 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 ministry.
    - 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 ministry 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 ministry at the Board of Health's own cost or expense.
    - That the ministry does not guarantee supply of Narcan, nor that Narcan will be provided to the Board of Health in a timely manner.

<u>Opioid Overdose Early Warning and Surveillance:</u>

Base funding for this program will support Boards of Health to take 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

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

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.

## *Healthy Smiles Ontario Program (100%)*

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.

HSO builds upon and links with existing public health dental infrastructure to provide access to dental services for eligible children and youth.

The HSO Program has the following three (3) streams (age of ≤ 17 years of age and Ontario residency are common eligibility requirements for all streams):

1. **Preventive Services Only Stream (HSO-PSO):**
    - Eligibility comprised of clinical need and attestation of financial hardship.
    - Eligibility assessment and enrolment undertaken by boards of health.
    - Clinical preventive service delivery in publicly-funded dental clinics and through fee-for-service providers in areas where publicly-funded dental clinics do not exist.

2. **Core Stream (HSO-Core):**
    - Eligibility correlates to the level at which a family/youth’s Adjusted Net Family Income (AFNI) is at, or below, the level at which they are/would be eligible for 90% of the Ontario Child Benefit (OCB), OR family/youth is in receipt of benefits through Ontario Works, Ontario Disability Support Program, or Assistance for Children with Severe Disabilities Program.

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

- Eligibility assessment undertaken by the Ministry of Finance and Ministry of Community and Social Services; enrolment undertaken by the program administrator, with client support provided by boards of health as needed.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

3. **Emergency and Essential Services Stream (HSO-EESS):**
    - Eligibility comprised of clinical need and attestation of financial hardship.
    - Eligibility assessment undertaken by boards of health and fee-for-service providers, with enrolment undertaken by the program administrator.
    - Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services under the HSO Program to eligible children and youth in low-income families. It is within the purview of the Board of Health to allocate funding from the overall base funding amount across the program expense categories.

HSO Program expense categories include:

- Clinical service delivery costs, which are comprised of:
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff that provide clinical dental services for HSO;
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities for HSO: management of the clinic(s); financial and programmatic reporting for the clinic(s); and, general administration (i.e., receptionist) at the clinic(s); and,
    - Overhead costs associated with HSO clinical service delivery services such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with portable and mobile clinics; staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT.
- Oral health navigation costs, which are comprised of:
    - Salaries, wages, and benefits of full-time, part-time, or contracted staff that are engaged in:
        - Client enrolment for all streams of the program;

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

    - Promotion of the HSO Program (i.e., local level efforts at promoting and advertising the HSO Program to the target population);
    - Referral to services (i.e., referring HSO clients to fee-for-service providers for service delivery where needed);
    - Case management of HSO clients; and,
    - Oral health promotion and education for HSO 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 staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT costs associated with oral health navigation.

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's Communications and Marketing Division (CMD) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives, billing incentives, and client transportation. Other expenses not included within this program include other oral health activities required under the Ontario Public Health Standards, including the *Oral Health Protocol, 2018*.

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
| --- | --- |
| Source | ***Public Health*** |

Other requirements of the HSO Program include:

- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients using HSO resources. 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., with HSO resources must be reported as income in the Standards Activity Reports, Annual Reports, and Annual Service Plan and Budget Submission. Revenues must be used to offset expenditures of the HSO Program.
- 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.
    - 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.
- The Board of Health is responsible for ensuring value-for-money and accountability for public funds.
- The Board of Health must ensure that funds are used to meet the objectives of the HSO Program with a priority to deliver clinical dental services to HSO clients.

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

## *Infection Prevention and Control Nurses Initiative (100%)*

The Infection Prevention and Control Nurses Initiative was established to support additional FTE infection prevention and control nursing services for every board of health in the province.

Base funding for this initiative must be used for nursing activities of up to or greater than one (1) FTE related to infection prevention and control activities. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Qualifications required for these positions are:

1. A nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
2. Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

## *Infectious Diseases Control Initiative (180 FTEs) (100%)*

Base funding for this initiative must be used solely for the purpose of hiring infectious diseases control positions and supporting these staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance the Board of Health's ability to handle and coordinate increased activities related to outbreak management, including providing support to other boards of health during infectious disease outbreaks. Positions eligible for base funding under this initiative include physicians, inspectors, nurses, epidemiologists, and support staff.

The Board of Health is required to remain within both the funding levels and the number of FTE positions approved by the Province.

Staff funded through this initiative are required to be available for redeployment when requested by the Province, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

## *MOH / AMOH Compensation Initiative (100%)*

The Province committed to provide boards of health with 100% of the additional base funding required to fund eligible 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.

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

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 allocation approved for the Board of Health includes criteria for potential MOH and AMOH positions such as: additional salary and benefits for 1.0 FTE MOH position and 1.0 FTE or more AMOH positions where applicable, potential placement at the top of the MOH/AMOH Salary Grid, and inclusion of stipends. Some exceptions will apply to these criteria.

The maximum base 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.

There have been no changes to the MOH/AMOH Salary Grid under this initiative since June 1, 2015. Any future changes to the Salary Grid will be communicated to boards of health pending the status of negotiations related to a new Physician Services Agreement.

## *Needle Exchange Program Initiative (100%)*

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program.

## *Small Drinking Water Systems Program (Cost-Shared)*

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

**SCHEDULE “B”**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

## *Smoke-Free Ontario Strategy (100%)*

The government released a plan for Ontario in February 2015 that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use.

The plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy. It articulates Ontario’s goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by: preventing experimentation and escalation of tobacco use among children, youth and young adults; increasing and supporting cessation by motivating and assisting people to quit tobacco use; and, protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke. These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Province provides funding to the Board of Health to implement tobacco control activities that are based in evidence and best practices, contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels.

The Board of Health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines and the Directives: Enforcement of the *Smoke-Free Ontario Act*. Operational expenses not covered within this program include information and information technology equipment.

<u>Communications and Issues Management Protocol</u>

1. The Board of Health shall:
    a. Act as the media focus for the Project;
    b. Respond to public inquiries, complaints and concerns with respect to the Project;
    c. Report any potential or foreseeable issues to CMD of the Ministry of Health and Long-Term Care;

| Type of Funding | ***Base*** |
|---|---|
| Source | ***Public Health*** |

d. Prior to issuing any news release or other planned communications, notify the CMD as follows:
   i. News Releases – identify five (5) business days prior to release and provide materials 2 business days prior to release;
   ii. Web Designs – 10 business days prior to launch;
   iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
   iv. Public Relations Plan for Project – 15 business days prior to launch;
   v. Digital Marketing Strategy – 10 business days prior to launch;
   vi. Final advertising creative – 10 business days to final production; and,
   vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.

e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;

f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,

g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

   Ministry of Health & Long-Term Care
   Communications & Marketing Division
   Strategic Planning and Integrated Marketing Branch
   10th Floor, Hepburn Block, Toronto, ON M7A 1R3
   Email: healthcommunications@ontario.ca

## *Social Determinants of Health Nurses Initiative (100%)*

Base funding for this initiative must be used solely for the purpose of nursing activities of up to or greater than two (2) FTE public health nurses with specific knowledge and expertise in social determinants of health and health inequities issues, and to provide enhanced supports

| Type of Funding | ***Base*** |
| --- | --- |
| Source | ***Public Health*** |

internally and externally to the Board of Health to address the needs of priority populations impacted most negatively by the social determinants of health.

Base funding for this initiative is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

As these are public health nursing positions, required qualifications for these positions are:

1. To be a registered nurse; and,
2. To have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the *Health Protection and Promotion Act* (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

## *Vector-Borne Diseases Program (Cost-Shared)*

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

**SCHEDULE "B"**

**RELATED PROGRAM POLICIES AND GUIDELINES**

| Type of Funding | ***One-Time*** |
|---|---|
| Source | ***Public Health*** |

## *Healthy Menu Choices Act, 2015 – Enforcement (100%)*

Effective January 1, 2017, the *Healthy Menu Choices Act, 2015* (HMCA) and its accompanying regulation requires certain food service premises with 20 or more locations in Ontario to display calories on menus for standard food items. Specifically, the HMCA requires regulated food service premises to:

1. Display the number of calories for every standard food item that is listed or depicted on a menu, including menu boards, and display calories on labels or tags for standard food items that are put on display, and on signs for self-serve food and drink items; and,
2. Display contextual information to help educate customers about their daily caloric requirements.

Board of health inspectors designated under the HMCA are enforcing the legislation in accordance with the Menu Labelling Protocol, 2018 under the Ontario Public Health Standards.

One-time funding must be used for extraordinary costs incurred in enforcing the HMCA. Eligible costs include: salaries and wages associated with the enforcement of the HMCA, inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff); mileage costs for staff travelling within their region to conduct inspections and follow up on complaints; communication costs associated with printed educational material provided to providers/public; and, costs associated with the assumed role of Lead Boards of Health to streamline communication with head office and other boards of health.

## *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 (CIPHI) Board of Certification (BOC) for field training for a 12 week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

| Type of Funding | ***Other*** |
|---|---|
| Source | ***Public Health*** |

# Vaccine Programs

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.

## *Meningococcal*

The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.

## *Human Papillomavirus (HPV)*

The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.

**SCHEDULE "C"**

**REPORTING REQUIREMENTS**

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

| Name of Report | Reporting Period | Due Date |
|---|---|---|
| 1. Annual Service Plan and Budget Submission | For the entire Board of Health Funding Year | March 1 of the current Board of Health Funding Year |
| 2. Quarterly Standards Activity Reports | | |
| Q1 Standards Activity Report | For Q1 | April 30 of the current Board of Health Funding Year |
| Q2 Standards Activity Report | For Q2 | July 31 of the current Board of Health Funding Year |
| Q3 Standards Activity Report | For Q3 | October 31 of the current Board of Health Funding Year |
| Q4 Standards Activity Report | For Q4 | January 31 of the following Board of Health Funding Year |
| 3. Annual Report and Attestation | For the entire Board of Health Funding Year | April 30 of the following Board of Health Funding Year |
| 4. Annual Reconciliation Report | For the entire Board of Health Funding Year | April 30 of the following Board of Health Funding Year |
| 5. MOH/AMOH Compensation Initiative Application | For the entire Board of Health Funding Year | June 30 of the current Board of Health Funding Year |
| 6. Other Reports and Submissions | As directed by the Province | As directed by the Province |

## Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

**"Q1"** means the period commencing on January 1st and ending on the following March 31st.

**"Q2"** means the period commencing on April 1st and ending on the following June 30th.

**"Q3"** means the period commencing on July 1st and ending on the following September 30th.

**"Q4"** means the period commencing on October1st and ending on the following December 31st.

## Report Details

Annual Service Plan and Budget Submission

- The Board of Health shall provide its Annual Service Plan and Budget Submission by March 1st of the current Board of Health Funding Year.
- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Accountability Agreement. Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Accountability Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events. The Annual Report will

include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; Auditor's Attestation Report in the Province's prescribed format; and, Annual Reconciliation (Certificate of Settlement) Report Forms.

MOH/AMOH Compensation Initiative

- The Board of Health shall complete, sign, and submit an annual application in order to participate in this Initiative and be considered for funding.
- Any participating MOH or AMOH shall also complete, sign, and submit a Physician Authorization and Consent Form.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

MIDDLESEX-LONDON HEALTH UNIT

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

REPORT NO. 034-18

TO: Chair and Members of the Board of Health

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

DATE: 2018 May 17

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# UPDATE ON MLHU BREASTFEEDING SERVICES AND SUPPORTS

## *Recommendation*

***It is recommended that the Board of Health receive Report No. 034-18 re: "Update on MLHU Breastfeeding Services and Supports" for information.***

### Key Points

- A comprehensive planning process was completed to maximize the impact of breastfeeding programs and services within public health's mandate and available resources.
- Planning work resulted in recommendations in the areas of direct service, client and community partner education, policy implementation, and staff breastfeeding certification.
- Breastfeeding supports in early postpartum will be enhanced with telephone contact to all breastfeeding mothers within 48 hours of discharge, and home visits offered to mothers experiencing breastfeeding challenges. Ongoing information and support for infant feeding will be offered through Healthy Start Infant Drop-ins, Health Connection, and the MLHU website.

## Background

A comprehensive planning process was completed to ensure that breastfeeding programs and services offered by the Middlesex-London Health Unit (MLHU) maximize public health's impact within its mandate and available resources. The planning process included the following:

- Population health assessment: to identify current breastfeeding rates and assess core breastfeeding outcomes in the community
- Capacity and reach assessment: to clarify the Public Health Nurse (PHN) complement currently allocated to breastfeeding programs and try to assess current reach of breastfeeding programs
- Community services assessment: to understand other breastfeeding programming available in the community and identify potential duplications and gaps
- Literature review: to determine if current programs were supported by research, and identify effective breastfeeding interventions that could be considered for implementation

This planning work resulted in recommendations in the areas of direct service, client and community partner education, policy implementation, and staff breastfeeding certification. The most significant recommendation to enhance breastfeeding outcomes highlighted the need for proactive, early, home-visiting support. Opportunities were identified to shift resources from less effective to more impactful interventions.

## Program Implications

As a result of this planning process, the following programming shifts will be made:

- Beginning June 1, 2018, all breastfeeding mothers will receive a phone call within 48 hours of hospital discharge to assess breastfeeding needs.
- A breastfeeding home visit will be offered to those mothers experiencing breastfeeding challenges

- Additional telephone and home visiting support will be provided, as needed, during the first four to six weeks postpartum.
- Ongoing information and support from a PHN will continue to be available through Health Connection, 8:30 – 4:30, Monday to Friday, as will up-to-date information on the MLHU website.
- Infant Growth/Development & Breastfeeding Drop-ins will now be called Healthy Start Infant Drop-ins, will focus attention on providing support to families who 1) have an infant between the ages of six weeks and six months, who need help with breastfeeding; 2) are using formula to feed their babies; 3) want to know more about their baby's growth and development; and 4) want to learn more about becoming a parent. Drop-ins will be staffed by fewer PHNs, and will be offered at the following locations:
    - Glencoe Presbyterian Church (every other week)
    - Strathroy MLHU (every other week)
    - Strathroy *Early On Centre* (every other week)
    - Dorchester Library (every other week)
    - Lucan Library (every other week)
    - Parkhill Library (every other week)
    - Komoka Wellness Centre (once a month)
    - Ilderton *Early On Centre* (once a month)
    - Sherwood Forest Mall (every week)
    - Family Centre Argyle (every week)
    - South London Neighbourhood Resource Centre (every other week)
    - Family Centre Westmount (every week)
- The pilot peer breastfeeding group, offered weekly in one east London location with an average of eight to ten clients attending, and an annual total of 40 clients, will no longer be facilitated by a PHN after May 24th, 2018.
- Stand-alone one-session prenatal breastfeeding classes (attended by approximately 50 people per year) are no longer offered, although prenatal breastfeeding education remains part of the prenatal on-line education and the prenatal in-person series at this time.
- MLHU will take steps to ensure adequate numbers of PHNs attain and/or maintain IBCLC certification with the International Board of Lactation Consultants.
- MLHU will increase the number of 20-hour breastfeeding course opportunities offered to health care providers, to enhance community capacity for provision of breastfeeding support.
- Consistent key indicators will be used by all teams providing breastfeeding support.
- The Middlesex-London Infant Feeding Surveillance System will be modified to more effectively and efficiently measure breastfeeding outcomes.

## Conclusion

As a result of engaging in a comprehensive breastfeeding planning and review process, MLHU is providing evidence-informed breastfeeding services and supports that are expected to maximize outcomes within the currently available resources.

This report was prepared by the Healthy Start Division.

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

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 028-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie Medical Officer of Health / CEO

DATE: 2018 May 17

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# SUMMARY INFORMATION REPORT – MAY 2018

### *Recommendation*

***It is recommended that Report No. 028-18 re: "Summary Information Report for May 2018" be received for information.***

**Key Points**

- On March 21, 2018, Western University, in partnership with the Health Unit, joined forces with fifteen other post-secondary campuses across Canada to participate in the 1Day Stand event against commercial tobacco products. The event, held at Western University was used to announce the university's plan to transition to a 100% smoke-free campus.
- Health Canada recently concluded consultations on proposed front-of-package (FoP) food labelling to gather feedback from health agencies, consumers, and other stakeholders on the proposed graphics under consideration via an online survey.
- Health Unit staff, together with the new Southwestern Health Unit, are working collaboratively with the Thames Valley District School Board (TVDSB) and the London District Catholic School Board (LDCSB) to create partnership declarations outlining a shared commitment to healthy school environments that will contribute to the well-being of students.
- Health Unit staff prepared and submitted feedback to the Ministry of Tourism, Culture and Sport consultation on potential regulations for *Rowan's Law (Concussion Safety), 2018.*

## The Health Unit Supports Western University in its Transition to a Smoke-Free Campus

The 1Day Stand is an initiative led by Leave the Pack Behind and other public health partners that calls upon Ontario post-secondary institutions to adopt a tobacco-free campus policy and to take a stand against the commercial tobacco industry. Western University recently announced its commitment to creating a healthier, cleaner environment for all by going 100% smoke-free by the summer of 2019. Currently, smoking and vaping is prohibited within ten metres of any campus building, and the campus has a series of "clear air corridors" or walking routes where smoking and vaping is also prohibited. On July 1, 2018, Western becomes a smoke-free and vape-free campus, with the exception of a limited number of designated smoking areas on campus. Effective July 1, 2019, the designated smoking areas will be removed, and Western will become 100% smoke-free and vape-free. On March 21, 2018, Western hosted a 1Day Stand event to educate the campus community about the benefits of a smoke-free policy, and to engage staff, faculty, and students in dialogue about their plans to transition to a smoke-free campus. The 1Day Stand event was planned in collaboration with Health Unit staff and Western representatives, including members of the Western's Smoking Advisory Committee, faculty and student representatives from the Master of Public Health Program, and the University Student Council Health Promotion Coordinators. The event consisted of two information booths that targeted faculty, staff, and students, and a town-hall session that was live-streamed online. The town-hall session consisted of an expert panel of individuals who answered questions related to the policy.

Event feedback will be collated and used to identify areas of focus to support and inform policy implementation. Currently, Health Unit staff are working with Western to offer cessation support services (e.g., the STOP program) for faculty and staff members interested in quitting. The Health Unit will continue to provide support to Western throughout its policy implementation process to ensure that staff, faculty, and students have access to resources both on and off campus.

## Proposed Graphics for Health Canada's Front-of-Package Food Labelling Under Review

The Middlesex-London Health Unit, as an endorsing agency of the Marketing to Kids (M2K) Coalition, agrees with Health Canada's mandatory approach to the regulation of front-of-package (FoP) nutrition labelling to help support consumers' ability to make the healthiest choices possible when shopping for packaged foods in Canadian stores. Health Canada is proposing a nutrition symbol for the front of food packages to help quickly identify foods that are high in saturated fat, sugars, and/or sodium.

Frequently eating foods high in saturated fat, sugars, or sodium can lead to increased health risks, including obesity, heart disease, and high blood pressure. Mandatory front-of-package labelling for foods high in one or more of these ingredients could: provide quick and easy guidance to help consumers make informed choices about packaged foods; help to improve the nutritional quality of packaged foods; and help health professionals educate consumers. The four symbols under consideration for FoP labelling are attached as Appendix A. The consultation closed April 26, 2018. The Health Unit's summary of recommendations to Health Canada are attached as Appendix B.

## School Board Partnerships

In 2017, the Council of Ontario Directors of Education (CODE) and the Council of Ontario Medical Officers of Health (COMOH) recommended that district school boards (DSBs) and public health units (PHUs) create a partnership declaration outlining a shared commitment to creating and sustaining healthy school environments and communities that contribute to the well-being of children and youth. Included in the recommendation were guidelines to advance the creation of the Partnership Declaration. MLHU and the Southwestern Health Unit both serve the same school board partners and thus decided to work collaboratively to create two Partnership Declarations: one with the Thames Valley District School Board (TVDSB); and another with the London District Catholic School Board (LDCSB).

For both school boards, a Declaration Committee has been created and members have been working to finalize a Partnership Declaration. This declaration is different from the TVDSB Program Access Agreement in that the declaration does not cover legal aspects of the partnership or specific programs and services. The Partnership Declaration sets out why and how we work collaboratively to reach one common goal: the well-being of children and youth. Declaration committee membership includes representation from PHU managers, dietitians, and health inspectors, and DSB superintendents, principals, learning supervisors, and learning coordinators. Example terms and expectations outlined in the Declaration include strategies for enhanced collaborative planning, opportunities for sharing data, and joint assessment of the need for public health services and resources in schools. The intention is to share the Partnership Declaration with the Board of Health once completed, and obtain Board endorsement. The goal of the new OPHS School Health Standard is to achieve optimal health of school-age children and youth through partnership and collaboration with school boards and schools. The Partnership Declaration is an important step in helping community institutions to meet their required public health outcomes.

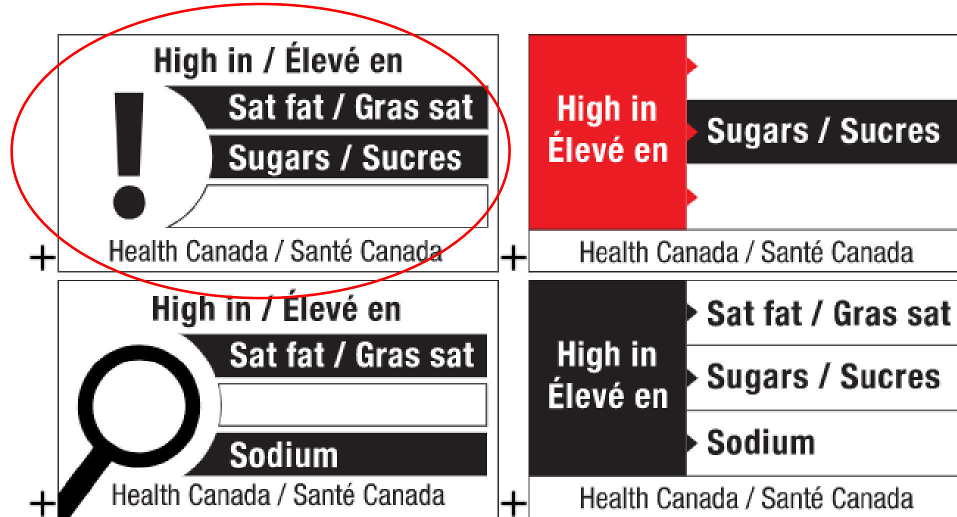
## *Rowan's Law (Concussion Safety), 2018* – Feedback on potential regulations

On March 7, 2018, Ontario enacted new legislation, *Rowan's Law (Concussion Safety), 2018*, named after Rowan Stringer, a 17-year old who died as the result of a head injury sustained while playing high school rugby. The new legislation aims to protect amateur athletes by improving concussion safety with a focus on

prevention, detection and management. *Rowan's Law (Concussion Safety), 2018* proclaims an annual Rowan's Law Day, and will establish mandatory requirements for sport with focus on concussion awareness, removal-from-sport and return-to-sport protocols, and establishment of concussion codes of conduct. The Ministry of Tourism, Culture and Sport recently issued a consultation paper seeking feedback on potential regulations: Consultation - Potential Regulations for Rowan's Law (Concussion Safety), 2018 , attached as Appendix C. Results of the consultation will be used to draft the regulations. Health Unit staff prepared and submitted feedback attached as Appendix D, expressing support as well as suggestions to broaden and strengthen regulations.

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

The Proposed Graphics Under Consideration by Health Canada for Front-of-Package (FoP) Labelling




**The Health Unit's preferred symbol is circled.*

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

# Comments on the Consultation on Proposed Front-of-Package (FoP) Labelling

**Date: April 26, 2018**

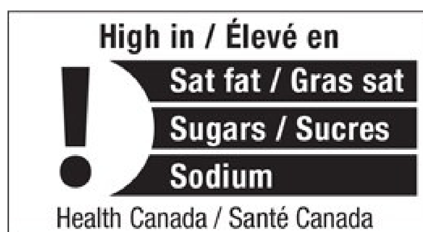
**Middlesex-London Health Unit**
**50 King Street**
**London, ON**
**N6A 5L7**

**By Email: LRM_MLR_consultations@hc.sc.gc.ca**
**Survey Reference # 268ece**

The Middlesex-London Health Unit, as an endorsement agency of the Marketing to Kids Coalition, agrees with Health Canada's mandatory approach to the regulation of FoP Nutrition Labelling to help support consumers' ability to make the healthiest choice possible when shopping for packaged foods in Canadian stores. The following summary of recommendations are provided for consideration:

**Exclamation Mark**
An exclamation mark "!" is a universal symbol of caution. As such, it provides a clear meaning and would be more easily recognized and understood by many Canadians in comparison to a magnifying glass.

**Inclusion of Red in the Symbol**
The use of colour in the label is visually appealing. In combination with the graphic of the exclamation mark "!", the colour red will facilitate an understanding of caution among consumers and will stand out on the food package. It is preferred to add colour behind the exclamation mark.




**Design of Symbol**
We recommend the exclamation mark "!" be inserted inside a white inverted triangle with a red border to be consistent with the universal symbol for "caution". If this is not possible, we recommend an exclamation mark "!" in a white circle with a red border. Again, the red outline/border will draw the eye to the graphic of the exclamation mark which conveys a warning or caution about the particular food.

**Readability**
There are concerns regarding the use of white text on black background as it may impact readability. Clear writing principles recommend avoiding light text on a dark background.

…..///1111

**Consumer Research and Education**

Once a FoP label is selected, it is imperative that consultation and targeted pilot testing occurs with people from more vulnerable populations including but not limited to: people with low health literacy; Indigenous persons; people living in households with low-incomes; people with lower educational attainment; and people of various ages, cultures, and sex. Testing among this diverse group will ensure readability of the graphics, confirm cultural sensitivity, and ensure literacy levels (written and health) are addressed appropriately.

Thank you for the opportunity to comment on the proposed FoP labelling. We look forward to learning about the next steps and considerations from Health Canada.

**If you wish to discuss any of the recommended revisions provided, please do not hesitate to contact the Middlesex-London Health Unit by calling Linda Stobo, Program Manager for Chronic Disease Prevention and Tobacco Control, at (519) 663-5317 ext. 2388 or linda.stobo@mlhu.on.ca.**

Appendix C to Report No. 028-18

MINISTRY OF TOURISM, CULTURE AND SPORT
SPORT, RECREATION AND COMMUNITY PROGRAMS DIVISION

# Consultation Paper

## Potential Regulations for *Rowan's Law (Concussion Safety), 2018*

This consultation paper is for discussion purposes. The regulatory proposals described relate to *Rowan's Law (Concussion Safety), 2018*, and to policies and guidelines under the *Education Act*. We welcome feedback and request comments by May 7, 2018.

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### What you will find in this paper:


**Background: *Rowan's Law (Concussion Safety), 2018*** ..... 2

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- Removal-from-sport Protocol ..... 30
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# BACKGROUND:
## *ROWAN'S LAW (CONCUSSION SAFETY), 2018*

On March 7, 2018, Ontario enacted new legislation, *Rowan's Law (Concussion Safety), 2018*, as well as amendments to the *Education Act*. This new legislation and concussion policies and guidelines under the *Education Act* will protect amateur athletes by improving concussion safety on the field and at school and will make Ontario a national leader in concussion prevention, detection and management.

The purpose of this consultation paper is to seek input from individuals and organizations in the Ontario sport, education, health and municipal sectors (as well as any other interested stakeholders) about the proposed regulations to support the new legislation and concussion policies and guidelines under the *Education Act*. This feedback will be used to inform the development of regulations, policies and guidelines that will determine specific aspects of implementation and the responsibilities of amateur competitive sport organizations and school boards.

*Rowan's Law* (Concussion Safety), 2018 proclaims an annual concussion awareness day (*Rowan's Law* Day), and will establish mandatory requirements for amateur competitive sport organizations to ensure:

- Annual review of concussion awareness resources by athletes, coaches, and parents/guardians of athletes;
- Establishment of removal-from-sport and return-to-sport protocols, so that athletes are immediately removed from sport if they are suspected of having sustained a concussion; and
- Establishment of concussion codes of conduct that will set out rules of behavior to minimize concussions while playing sport.

Amendments to the *Education Act* give the Minister of Education authority to require school boards to comply with policies and guidelines about concussions involving students. The Ministry of Education already has a policy that expects all school boards to have concussion policies in place: Policy and Program Memorandum (PPM 158). The passage of amendments to the *Education Act* means that PPM 158 will be updated to ensure consistency with the requirements in *Rowan's Law (Concussion Safety), 2018* and relevant regulations. The revised PPM 158 will then be re-issued by the Minister of Education as a mandatory requirement for school boards.

The requirements set out in *Rowan's Law (Concussion Safety), 2018* were developed based on a report of an expert Committee that was asked to provide its recommendations to the Minister of Tourism, Culture and Sport about measures to increase awareness and improve prevention, detection and management of concussions in amateur sport. The *Rowan's Law* Advisory Committee was created in the name of Rowan Stringer, a 17-year-old high school student who died as a result of concussions she suffered playing rugby. The Committee report *Creating Rowan's Law: Report of the Rowan's Law Advisory Committee* was tabled in the Legislature in September, 2017. The report is referenced throughout this paper and continues to provide guidance to the government as it moves forward with measures intended to enhance concussion prevention, detection and management in Ontario.

# INTRODUCTION

The government is confident that having concussion legislation in place will make a significant difference in the lives of Ontario athletes by improving awareness and harmonizing and enhancing the prevention, detection and management of concussions in competitive organized amateur sport and school boards. The new legislation and concussion policies and guidelines under the *Education Act* will have the potential to influence a broader transformational culture change across the province. **It is not intended to create barriers to sport participation, nor to discourage organizations from delivering sport activities.** While concussion safety is encouraged for all athletes, the new legislation is focussed on reducing the frequency and severity of concussions for our competitive amateur athletes.

The goal of *Rowan's Law (Concussion Safety), 2018* and concussion policies and guidelines under the *Education Act* is to increase awareness and minimize the risk of concussions, and to change conversations on the field, at school, in communities and in our homes so that we can create a world class amateur sport system in which athletes and Ontarians can participate safely.

*Rowan's Law (Concussion Safety), 2018* is broad framework legislation. Regulations under *Rowan's Law (Concussion Safety), 2018* and concussion policies and guidelines under the *Education Act* will have to be in place before mandatory requirements set out in the legislation could take effect. The regulations, policies and guidelines will provide specific details and add clarity about the range of the requirements set out in the legislation. This consultation paper is intended to seek feedback to inform the development of these regulations, policies and guidelines.

# HOW TO PROVIDE INPUT:

You can provide input in several ways:

1. Provide comments directly online through the following link:
   http://www.ontariocanada.com/registry/quickSearch.do?searchType=current
2. At the bottom of the regulatory registry page for this consultation, click the link titled "Comment on this proposal via email".
3. Email your comments by completing this attached document and submitting it to **sport@ontario.ca** with "*Rowan's Law* Consultation Paper" as the subject line.
4. Mail your comments by completing this document, printing it and submitting it to:

   ATTN: *Rowan's Law* Consultations

   Sport Recreation and Community Programs Division
   Ministry of Tourism, Culture and Sport
   777 Bay St, 18th Floor
   Toronto, ON, M7A 1S5

We look forward to receiving your input by May 7, 2018.

## PRIVACY AND PERSONAL INFORMATION

**Your privacy is important to us.**

**If you submit feedback as an individual**, unless you expressly state otherwise, **your feedback will not be considered public information**. However, it may be used and disclosed by the Ministry of Tourism, Culture and Sport to assist in the development of regulations under *Rowan's Law (Concussion Safety), 2018* and concussion policies and guidelines established by the Minister of Education. Your personal details such as name and contact information will not be disclosed by the ministry without your consent, unless required by law.

If you submit feedback on behalf of an **organization**, unless agreed to by the Ministry of Tourism, Culture and Sport, **your feedback will be considered public information** and may be:

- Used to assist the government in the development of regulations under *Rowan's Law (Concussion Safety), 2018*, and concussion policies and guidelines established by the Minister of Education; and/or
- Shared with other interested parties during and after the public consultations.

Thank you for taking the time to provide your input. If you have any questions about this consultation, please send us an email at **sport@ontario.ca**.

## YOUR INFORMATION

☐ I am responding as an individual

**OR**

☐ I am responding on behalf of an organization

Please note organization/affiliation:________________________________________(mandatory text field)

We are interested in your input, whether on behalf of an organization or a sector, or as an individual. To assist you in working through this paper, we have grouped questions that may be most relevant to you, in your specific role or as an interested party. Please indicate the **primary** perspective from which you are commenting. (check one)

☐ **Athlete** (Q 1-7, 10,12,14-16,18)

☐ **Parent/guardian of an athlete** (Q 1-7, 10,12,14-16,18)

☐ **Coach** (all questions)

☐ **Official** (all questions)

☐ **Elementary/Secondary education sector** (Q 8-29)

☐ **Post-Secondary education sector** (Colleges or Universities) (all questions)

☐ **For profit sport organization** (Q1-3, 5, 7-29)

☐ **Not-for-profit sport organization** (Q1-3, 5, 7-29)

☐ **Municipality** (Q 1-3,5,7-29)

☐ **Health care sector** involved in providing health care supports for concussions (Q 1, 5,10,21, 26)

☐ **Other** (all questions) – please note below

## FUTURE REGULATORY DEVELOPMENT

Your response to the following questions will help to inform the development of regulations under *Rowan's Law (Concussion Safety), 2018*, or concussion policies and guidelines under the *Education Act*. Once draft regulations, policies and guidelines are developed, they will be posted on the Ontario Regulatory Registry, consistent with government practice.

Should you wish to be informed of these types of future developments, please provide your email or mailing address below and we will advise you of any future postings.

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# QUESTIONS

## SPORTS

As currently outlined in the legislation, *Rowan's Law (Concussion Safety), 2018* focuses on reducing the frequency and severity of concussions in organized, amateur competitive sport. The next two questions will gather additional information to help the government determine which sports will be affected by this legislation.

The government is considering the type of sports that should be included in *Rowan's Law (Concussion Safety), 2018*. Based on the recommendations from the *Rowan's Law* Advisory Committee, "higher risk" sports include those in which the speed of action, person-to-person contact and/or person-to-equipment contact put athletes at higher risk of sustaining a concussion. "Lower risk" sports include those with low speed of action, minimal person-to-person contact and/or minimal person-to-equipment contact.

Note: The next two questions do not pertain to provincially-funded school boards, as requirements for provincially-funded school boards will be set out in concussion policies and guidelines established by the Minister of Education.

**QUESTION 1:** Which of the following approaches do you think the government should consider? (check one)

- ☐ Requiring only "higher risk" competitive sports comply with the legislation
- ☐ Having the legislation apply to all competitive sports
- ☐ Other, please explain ______________________________ (mandatory text field)

Explanation and Additional Comments:

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*Rowan's Law (Concussion Safety), 2018* is intended to protect athletes engaged in amateur **competitive** sport activities, by improving concussion safety on the field. "Amateur competitive sport activities" will include more than actual competitions. They will also include training and practices in preparation for competition.

In order to clarify the scope of amateur competitive sport, it may be useful to define the term "competitive sport" in regulation. One possible definition is:

> ""Competitive sport" is the act or process of attempting to win at a sport by attaining the most points, a prize, or a higher level of success, between two or more individuals or teams. It also includes training, practices or sport conditioning, specialty sport training camps, scrimmages or sparring, in preparation for competition regardless of whether or not the organization formally organizes, manages or registers athletes for competition. It is not intended to include introductory recreation or sport programs where the purpose is to primarily learn and develop fundamental movement skills and where competition is not the primary purpose of the activity."

**QUESTION 2:** Do you agree that the above definition should be used in regulation to define the scope of "competitive sport"?

☐ Yes

☐ No

Explanation and Additional Comments:

## SPORT ORGANIZATIONS

The requirements under *Rowan's Law (Concussion Safety), 2018* will place the onus on "sport organizations" to ensure that athletes and others comply with specific requirements of the legislation.

A sport organization is defined in *Rowan's Law (Concussion Safety), 2018* as:

> "A person/entity that carries out, for profit or otherwise, a prescribed activity in connection with amateur competitive sport and that satisfies such other criteria as may be prescribed."

It is critical to provide further clarity about which organizations will be required to comply with the requirements of the legislation. We know that it is necessary for those engaged in amateur competitive sport to know whether or not the requirements of the legislation apply to them.

Note: The next two questions do not pertain to provincially-funded school boards, as requirements for provincially-funded school boards will be set out in concussion policies and guidelines established by the Minister of Education.

**QUESTION 3:** Do you agree that the following organizations should be required to comply with the components of *Rowan's Law (Concussion Safety), 2018* when they offer competitive amateur sports?

- Colleges/Universities (publically assisted)
- Private Colleges/Universities
- For-profit sport entities (e.g., sport-specific academies, specialty sports camps, recreation providers)
- Municipalities
- Not-for-profit sport entities (e.g., provincial or multisport organizations, local clubs or associations, specialty sports camps, recreation providers)
- Sport entities that oversee competitions (e.g., competitive sport organizing bodies)

☐ Yes

☐ No

Additional Comments:

Colleges and Universities offer students the opportunity to participate in a variety of extracurricular sport activities, including: Varsity sport teams (i.e., intercollegiate and interuniversity sports), non-Varsity sport teams that compete against other Colleges and Universities (i.e., intercollegiate, interuniversity and extramural sports) and Intramural sports. The government is considering whether the scope of requirements for Colleges and Universities should be limited.

**QUESTION 4:** Which competitive sports in post-secondary institutions (publically assisted and private Colleges and Universities) should be included in the requirements of the legislation? (check all that apply)

- ☐ Varsity sports
- ☐ Non-Varsity sports
- ☐ Intramural sports
- ☐ Other, please specify ______________________________ (mandatory text field)

Additional Comments:

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## ATHLETES

Some states within the United States restrict their concussion legislation to competitive amateur athletes at the age of majority (in Ontario, the age of majority is 18 years old), while other jurisdictions set other age limits. Research suggests that younger athletes are more vulnerable to concussions than adults under 65 years of age. This is based on increased frequency of concussions, the sometimes slower rate of recovery, and the vulnerability of the developing brain in younger athletes. More specifically, brain development research indicates that **cognitive development** continues into early adulthood and that young adult brains continue to develop until the age of 25.

As currently outlined in the legislation, *Rowan's Law (Concussion Safety), 2018* is not specific about the age of athletes to which it will apply, but the intent is to protect athletes who are most vulnerable to concussions.

Note: The next two questions do not pertain to provincially-funded school boards, as requirements for provincially-funded school boards will be set out in concussion policies and guidelines established by the Minister of Education.

**QUESTION 5:** If *Rowan's Law (Concussion Safety) 2018* specifies maximum age limits for athletes enrolled in sport organizations, to what age groups should it apply? (check one)

- ☐ Athletes of any age enrolled in competitive amateur sport
- ☐ All athletes under 25 years of age enrolled in competitive amateur sport
- ☐ All athletes under age of majority (under 18 years) enrolled in competitive amateur sport
- ☐ Other, please specify ______________________________ (mandatory text field)

Additional Comments:

**QUESTION 6:** The age cut-offs proposed in Question 5 may not be applicable to the average age of competitive athletes in Colleges and Universities. As a result, the government is considering specifying alternate age limits to those proposed in Question 5 for athletes enrolled in competitive sports in Colleges and Universities. In this case, to what age groups should the legislation apply? (check one)

- ☐ All athletes enrolled in competitive sports in Colleges and Universities
- ☐ All athletes under 25 years of age enrolled in competitive sports in Colleges and Universities
- ☐ Other, please explain ______________________________ (mandatory text field)

Explanation and Additional Comments:

Ontario provides a fertile ground for developing home-grown talent and fostering athletic success. Many of Ontario's athletes compete in amateur national and international events.

**QUESTION 7:** Should the legislation apply to Ontario, national and international athletes, from across Canada and globally, who compete in amateur national/international competitions within Ontario? (check one)

- ☐ The legislation **should apply** to all athletes (i.e., Ontario, national and international athletes) competing in amateur national/international competitions within Ontario
- ☐ The legislation **should not apply** to any athletes (i.e., Ontario, national and international athletes) competing in amateur national/international competitions in Ontario
- ☐ The legislation **should only apply** to Ontario athletes competing in amateur national/international competitions in Ontario

Additional Comments:

## COACHES AND OFFICIALS

Coaches play an important role in the lives of athletes. They teach, train and help prepare athletes for competition – ultimately helping them develop to their full potential. The new legislation and concussion policies and guidelines under the *Education Act* will require coaches to play a key role in concussion prevention, detection and management.

For the purpose of regulations under *Rowan's Law (Concussion Safety), 2018*, or concussion policies and guidelines under the *Education Act*, a "coach" could be defined as:

> "A person involved in the direction, operation, instruction and/or training of a sports team or of an individual athlete. This will include **assistant coaches** and **other specialized trainers** that support the role of the coach and support the development of the athlete."

**QUESTION 8:** Do you agree with the above definition for "coach"?

☐ Yes

☐ No

Explanation and Additional Comments:

Another important role in sports organizations and competitions is that of an official. Officials have a unique role in sport in that they oversee athletes competing in sports, but are not always present during team practices and athlete training times. The government is considering including “officials” in the requirements of the legislation, through regulations as well as concussion policies and guidelines under the *Education Act*. Similar to coaches, officials can also play a key role in concussion prevention, detection and management.

For the purpose of regulations under *Rowan’s Law (Concussion Safety), 2018*, or concussion policies and guidelines under the *Education Act*, an “official” could be defined as:

> “A person responsible for presiding over: the fields of play, fair play according to the rules of the sport, and the outcome of sporting events, athletic games, and sports competitions. Individuals who participate in monitoring roles, such as timekeepers and goal judges, will not be included”.

**QUESTION 9:** Do you agree with the above definition for “official”?

☐ Yes

☐ No

Explanation and Additional Comments:

## MANDATORY CONCUSSION EDUCATION

It is anticipated that increasing awareness and knowledge about concussions will contribute to fewer incidences of concussions in amateur athletes. *Rowan's Law (Concussion Safety), 2018* and concussion policies and guidelines under the *Education Act* will make it mandatory for various groups to review concussion awareness resources annually. These groups include athletes, parents/guardians of athletes under 18 years of age, teachers, school administrators, coaches, and any other relevant positions, such as officials.

The *Rowan's Law (Concussion Safety), 2018* refers to "concussion awareness resources," which will be information or materials approved by the Minister of Tourism, Culture and Sport and made available to the public. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education.

**QUESTION 10:** What content do you think should be included in the Minister-approved and supplied concussion awareness resources? (check all that apply)

- ☐ Information about the nature of concussions, including the ways in which they commonly occur
- ☐ Information about the common signs and symptoms of a concussion
- ☐ Information about the steps to be taken to prevent concussions in sport
- ☐ Information about the steps to be taken if an athlete is suspected of having a concussion, including the importance of seeking appropriate medical assessment
- ☐ Concussion removal-from-sport protocol
- ☐ Concussion return-to-sport protocol
- ☐ Other, please explain below

Explanation and Additional Comments:

In addition to athletes, parents/guardians of athletes under 18 years of age, teachers, school administrators, coaches and officials, the government is considering if additional groups of individuals should be required to review the concussion awareness resources annually.

**QUESTION 11:** Which of the following groups of individuals do you believe should also be required to annually review concussion awareness resources? (check all that apply)

- ☐ Team or club managers
- ☐ Sport specific specialists
- ☐ Instructors
- ☐ Athletic trainers
- ☐ Convenors/organizers for events/competitions
- ☐ None of the above, please explain ______________________________(mandatory text field)
- ☐ Other, please explain ______________________________________(mandatory text field)

Explanation and Additional Comments:

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Under *Rowan's Law (Concussion Safety), 201*8, sport organizations will not be allowed to register athletes unless they (and their parent/guardian, if athlete is under 18 years of age) provide confirmation that they have reviewed concussion awareness resources within the last 12 months. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education.

The government is considering specifying other circumstances and/or timeframes, relating to this review, such as considerations for one-time registrants (i.e., individuals who register once and have their registration carried forward), multi-year registrants (i.e., individuals who register once for a period of more than one-year) and other individuals or circumstances.

**QUESTION 12:** In what other circumstances/timeframes should the review of concussion resources be required? (check all that apply)

- ☐ At the beginning of the sport season
- ☐ At the beginning of the calendar year
- ☐ At the beginning of an individual's involvement with the sport organization
- ☐ When concussion resources have been revised because of advances in the science of concussions
- ☐ I do not believe that there are any other additional circumstances in which individuals should be required to review concussion resources

Explanation and Additional Comments:

**QUESTION 13:** Should sport organizations and school boards be required to keep track that individuals have reviewed concussion awareness resources?

- ☐ Yes
- ☐ No

Additional Comments:

## CONCUSSION CODE OF CONDUCT

The *Rowan's Law* Advisory Committee recommended that all sport organizations adopt a Concussion Code of Conduct that all participants will commit to uphold. The recommendations called for these Codes of Conduct to include a commitment to fair play, a zero-tolerance approach to behaviours which may put athletes at risk for concussions (such as prohibited head hits and high tackles) and mandatory expulsion from play for such behaviours. The Committee felt that participants engaging in prohibited activities should be expelled for the remainder of the competition.

Under the *Rowan's Law (Concussion Safety), 2018*, sport organizations will be required to establish a Concussion Code of a Conduct. Through regulation, the government will set minimum requirements for sport organizations' Concussion Codes of Conduct. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education.

**QUESTION 14:** Which of the following should be included as minimum requirements for a Concussion Code of Conduct that would be part of a pledge or commitment? (check all that apply)

- ☐ Fair play
- ☐ Concussion recognition (i.e., self-disclosure of possible concussion by an athlete)
- ☐ Concussion reporting (i.e., disclosing when an athlete suspects that another athlete is injured or experiencing possible concussion)
- ☐ Pre-game, post-game or practice check-ins to provide opportunity to discuss any athlete concerns
- ☐ Zero-tolerance policy for prohibited play that is considered high risk for causing concussions, as defined by individual sports' rules of the play
- ☐ Mandatory expulsion from competition for violating sport organization's zero-tolerance policy (duration to be determined by sport organization with jurisdictional responsibility for the sport)
- ☐ Escalating penalties for athletes/other individuals who repeatedly violate the sport organization's Concussion Code of Conduct, including zero-tolerance policy (penalties to be determined by sport organization with jurisdictional responsibility for the sport)
- ☐ Other, please specify ______________________________________________(mandatory text field)

Additional Comments:

**QUESTION 15:** *Rowan's Law (Concussion Safety), 2018* and concussion policies and guidelines established by the Minister of Education will require athletes, parents/guardians of athletes under 18 years of age, coaches and educators to review Concussion Codes of Conduct. The government may also require other persons to review Concussion Codes of Conduct.

Which of the following groups or individuals should also be required to review Concussion Codes of Conduct? (check all that apply)

- ☐ Team or club managers
- ☐ Officials
- ☐ Sport specific specialists
- ☐ Instructors
- ☐ Athletic trainers
- ☐ Other groups or persons (please specify): ______________________ (mandatory text field)
- ☐ No additional groups or individuals should be required to review Concussion Codes of Conduct

Additional Comments:

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Under the *Rowan's Law (Concussion Safety), 2018*, sport organizations will not be allowed to register athletes unless they (and their parent/guardian, if the athlete is under 18 years of age) provide confirmation that they have reviewed the sport organization's Concussion Code of Conduct within the last 12 months. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education.

The government is considering specifying other circumstances and/or timeframes relating to this review, such as considerations for one-time registrants (i.e., individuals who register with a sport organization once and have their registration carried forward), multi-year registrants (i.e., individuals who register once for a period of more than one-year) and other individuals or circumstances.

**QUESTION 16:** Under which of the following additional circumstances and/or timeframes should government require that Concussion Codes of Conduct be reviewed? (check all that apply)

- ☐ When a revision is made to the sport organization's/school board's Concussion Code of Conduct
- ☐ When an athlete has violated the Concussion Code of Conduct
- ☐ At the beginning of each sport season (even if the Concussion Code of Conduct was reviewed within the last 12 months)
- ☐ Once per calendar year
- ☐ Other circumstance(s), please specify ________________ (mandatory text field)
- ☐ Other timeframe(s), please specify ________________ (mandatory text field)
- ☐ There are no additional circumstances and/or timeframes under which regulations should require the review of Concussion Codes of Conduct

Additional Comments:

Under the *Rowan's Law (Concussion Safety), 2018*, individuals will not be permitted to serve in the role of "coach" unless they provide confirmation to their sport organization that they have reviewed the Concussion Code of Conduct. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education.

**QUESTION 17:** What timeframe and/or circumstances should be considered for the coach's review of the Concussion Code of Conduct? (check all that apply)

- ☐ Within the last 12 months (same timeframe as for athletes and their parent/guardian, if the athlete is under 18 years of age)
- ☐ When a revision is made to the sport organization's/school board's Concussion Code of Conduct
- ☐ In instances when a coach has violated the Concussion Code of Conduct
- ☐ At beginning of each sport season (even if the Concussion Code of Conduct was reviewed within the last 12 months)
- ☐ Other circumstance(s), please specify
  ______________________________ (mandatory text field)
- ☐ Other timeframe(s), please specify ______________________________ (mandatory text field)

Additional Comments:

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**QUESTION 18:** How should sport organizations and school boards be required to make their Concussion Code of Conduct available? (check all that apply)

☐ Electronically, through a website

☐ Hard copy

☐ In-person/group presentations

☐ Other, please specify ______________________________ (mandatory text field)

Explanation and Additional Comments

**QUESTION 19:** Should sport organizations and school boards be required to keep track that individuals have reviewed the Concussion Code of Conduct?

☐ Yes

☐ No

Additional Comments:

The government is considering a requirement for sport organizations and school boards to review, and update if necessary, the content of their Concussion Code of Conduct on an annual basis.

**QUESTION 20:** Is this an appropriate timeframe?

- ☐ Yes
- ☐ No - please specify an alternative timeframe/circumstance in which sport organizations and school boards should review their Concussion Code of Conduct:

  ________________________________________ (mandatory text field)

Additional Comments:

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## REMOVAL-FROM-SPORT PROTOCOL

The *Rowan's Law* Advisory Committee recommended immediate removal-from-sport for any athlete suspected of having sustained a concussion.

Under the *Rowan's Law (Concussion Safety), 2018,* sport organizations will be required to establish a removal-from-sport protocol for their athletes. The protocol will establish a specific process to ensure the removal of an athlete who is suspected of having sustained a concussion. The protocol will also designate a person or person(s) with specific responsibilities within the removal-from-sport protocol (the "designate(s)"). Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education.

For the purpose of regulations under *Rowan's Law (Concussion Safety), 2018*, or concussion policies and guidelines under the *Education Act*, the government is considering specifying minimum components that will be required for removal-from-sport protocols. The minimum components being proposed align with national standards in the Canadian/Federal Guideline on Concussion in Sport recently adopted by many National Sport Organizations. These proposed minimum components also align with the latest published research on concussions (International Consensus Statement) and are as follows:

- **Concussion Recognition** – Outline the responsibilities of all parties and the processes to support recognition and reporting of athletes who demonstrate visual signs of, or who report, concussion-related symptoms.
- **Removal-from-sport**
  - Designate a person or person(s) and their responsibilities in removal-from-sport.
  - Outline the process the designate(s) must follow for immediate removal of an athlete from further training, practice or competition (i.e., field of play) if the athlete is suspected of having sustained a concussion; OR immediate initiation of emergency medical services (e.g., calling 911) when a serious concussion is suspected.

– Outline the process the designate(s) must follow to ensure that the athlete is not permitted to return to training, practice or competition unless the athlete follows the sport organization's/school board's return-to-sport protocol.

- **Medical Assessment** – In instances where an athlete is removed from sport due to suspected concussion, a designate should advise that the athlete and parent/guardian (if the athlete is under 18 years of age) should seek medical assessment.
- **Informing Parent/Guardian/Emergency Contact** – Outline the process the designate(s) must follow to immediately inform the athlete's parent/guardian (if the athlete is under 18 years of age) or emergency contact: that the athlete has been removed from sport due to a suspected concussion; and that they will not be permitted to return to sport until they follow the sport organization's return-to-sport protocol, which will be provided to them.

**QUESTION 21:** Are there any other components that you believe should be added to the list of minimum requirements for removal-from-sport protocols?

☐ Yes

If yes, what component(s) would you add?______________________________(mandatory text field)

☐ No

Additional Comments:

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**QUESTION 22:** Are there any circumstances in which any of the four minimum components in the removal-from-sport protocol should not apply?

☐ Yes

If yes, please specify these circumstances:

________________________________________________(mandatory text field)

☐ No, the minimum components should apply in all circumstances

Additional Comments:

**QUESTION 23:** Should the government consider requiring sport organizations and school boards to keep track of any incidents of removal-from-sport due to suspected concussion?

☐ Yes

☐ No

If no, why? ________________________________________ (mandatory text field)

Additional Comments:

**QUESTION 24:** In addition to the designate(s)' role in removal-from-sport, are there any other individuals who should be required to have a role in dealing with an athlete who has sustained a concussion during training, practice or competition?

☐ Yes

If yes, please specify: ________________________________ (mandatory text field)

☐ No

Additional Comments:

**QUESTION 25:** In addition to the designate(s), which of the following individuals should be required to confirm to the sport organization or school board that they have reviewed the sport organization's or school board's removal-from-sport protocol? (check all that apply)

☐ Coach

☐ Official

☐ Other, please explain ________________________________ (mandatory text field)

☐ None – No other individuals should be required to confirm to the sport organization or school board that they have reviewed the removal-from-sport protocol

Explanation and Additional Comments:

## RETURN-TO-SPORT PROTOCOL

The *Rowan's Law* Advisory Committee recommended that sport organizations and school boards implement a return-to-sport process that includes progressive steps, guided by current evidence, prior to any return-to-sport.

Under the *Rowan's Law (Concussion Safety), 2018*, sport organizations will be required to establish a return-to-sport protocol for athletes who have sustained a concussion or are suspected of having sustained a concussion. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education.

For the purpose of regulations under *Rowan's Law (Concussion Safety), 2018*, or concussion policies and guidelines under the *Education Act*, the government is considering specifying minimum components for return-to-sport protocols that will align with national standards in the Canadian/Federal Guideline on Concussion in Sport recently adopted by many National Sport Organizations.

Each sport organization and school board will be required to develop and implement a return-to-sport protocol that could include these minimum components:

- **Initial Medical Assessment** – Requirement for athletes to provide confirmation of a diagnosis of concussion (or confirmation that they have <u>not</u> been diagnosed with a concussion) from an authorized regulated health professional practicing within their existing scope of practice (e.g., physicians and nurse practitioners).
- **Communication** – Requirement to communicate to athletes (and parent/guardians of athletes under 18 years of age) the importance of sharing any diagnosis of their concussion with any other sport organizations/schools the athlete is registered with, as well as with key individuals such as coaches and educators.

- **Stepwise Sport-Specific Progressions Supporting Return-to-Sport** –
  - Detailed sport-specific activities and goals for each stage of a graduated return-to-sport strategy for athletes who have been diagnosed with a concussion.
  - Athletes' stepwise return-to-sport progressions should be supported by athletes, coaches, parents/guardians and authorized regulated health professionals practicing within their existing scope of practice, in order to enable athletes' gradual return to sport activities.
  - Acknowledgement and communication to elementary/secondary school athletes (and parent/guardians of athletes under 18 years of age) that they should also be adhering to return-to-school protocols at their school and that they should return to full sport activities only after they have returned to full-time school activities.
- **Medical Assessment** – Requirement that athletes demonstrate to the sport organization or school that they have obtained medical clearance from an authorized regulated health professional practicing within their existing scope of practice prior to full return-to-sport.

**QUESTION 26:** Are there any other components that you believe should be added to the list of minimum requirements for return-to-sport protocols?

☐ Yes

If yes, what elements would you add? ________________________________(mandatory text field)

☐ No

Additional Comments:

**QUESTION 27:** Are there circumstances in which you think any of the minimum components in the return-to-sport protocol would not apply?

☐ Yes

If yes, please specify these circumstances:

__________________________________________________________(mandatory text field)

☐ No, the minimum components should apply in all circumstances/situations

Additional Comments:

**QUESTION 28:** Under the *Rowan's Law (Concussion Safety), 2018,* sport organizations will be required to designate a person(s) ("designate(s)") with the responsibility of ensuring that athletes with suspected/diagnosed concussions do not return-to-sport until permitted to do so, in accordance with the return-to-sport protocol. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education. Aside from these designates, are there any other individuals who should be required to have a responsibility for ensuring the return-to-sport protocol is followed?

☐ Yes

If yes, please specify: __________________________________________(mandatory text field)

☐ No

Additional Comments:

**QUESTION 29:** Which of the following individuals should be required to confirm to the sport organization or school that they have reviewed the return-to-sport protocol? (check all that apply)

- ☐ Coach
- ☐ Official
- ☐ Sport organization/school's designate for the purposes of implementing the return-to-sport protocol
- ☐ Other, please explain
- ☐ None – Individuals should not be required to confirm to the sport organization or school that they have reviewed the return-to-sport protocol

Explanation and Additional Comments:

**The survey is complete. Thank you for your input!**

## Consultation: Potential Regulations for Rowan's Law (Concussion Safety), 2018

MINISTRY OF TOURISM, CULTURE AND SPORT.
SPORT, RECREATION AND COMMUNITY PROGRAMS DIVISION

Consultation Questions with Answers submitted by MLHU Healthy Communities and Injury Prevention team, May 7, 2018.

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**QUESTION 1:** Which of the following approaches do you think the government should consider?

Requiring only "higher risk" competitive sports comply with the legislation

Having the legislation apply to all competitive sports

**X Other, please explain: Have legislation apply to all competitive, non-competitive, introductory recreational sport activities**

Explanation and Additional Comments:

Concussions can occur in a variety of activities. Competitiveness and the risk of injury occurs whether or not the sport or activity is classified as "competitive".

According to the Report of the Rowan's Law Advisory Committee, 2017, under Action #1, the recommendation is to include all organized amateur sport; it does not limit to "competitive" sport: "The Province of Ontario should enact legislation ("Rowan's Law") governing all organized amateur sport—public, private, school-based and non-school-based (including those delivered by not-for-profit or for-profit entities where there is a fee charged for participation) — in Ontario."

Creating Rowan's Law: Report of the Rowan's Law Advisory Committee, 2017
http://www.ontariocanada.com/registry/showAttachment.do?postingId=27186&attachmentId=37751

““Competitive sport” is the act or process of attempting to win at a sport by attaining the most points, a prize, or a higher level of success, between two or more individuals or teams. It also includes training, practices or sport conditioning, specialty sport training camps, scrimmages or sparring, in preparation for competition regardless of whether or not the organization formally organizes, manages or registers athletes for competition. It is not intended to include introductory recreation or sport programs where the purpose is to primarily learn and develop fundamental movement skills and where competition is not the primary purpose of the activity.”

**QUESTION 2:** Do you agree that the above definition should be used in regulation to define the scope of “competitive sport”?

**X No**

Explanation and Additional Comments:

The definition as presented defines competitive sport notably excluding “introductory recreation or sport programs where the purpose is to primarily learn and develop fundamental movement skills and where competition is not the primary purpose of the activity.” This definition limits the scope of the regulations. Concussions can occur in a variety of activities and levels of participation. Competitiveness occurs whether or not the sport or activity is classified “competitive”. There is an element of risk at all levels of activity or sport.

**QUESTION 3:** Do you agree that the following organizations should be required to comply with the components of Rowan’s Law (Concussion Safety), 2018 when they offer competitive amateur sports?

- Colleges/Universities (publically assisted)
- Private Colleges/Universities
- For-profit sport entities (e.g., sport-specific academies, specialty sports camps, recreation providers)
- Municipalities
- Not-for-profit sport entities (e.g., provincial or multisport organizations, local clubs or associations, specialty sports camps, recreation providers)
- Sport entities that oversee competitions (e.g., competitive sport organizing bodies)
-

**X Yes**

**QUESTION 4:** Which competitive sports in post-secondary institutions (publically assisted and private Colleges and Universities) should be included in the requirements of the legislation? (check all that apply)

**X Varsity sports**

**X Non-Varsity sports**

**X Intramural sports**

**Other, please specify**

Additional Comments:

Risk of injury is present, and concussions can occur, regardless how the sport is classified. There is an element of risk at all levels of participation in activity or sport.

**QUESTION 5:** If Rowan's Law (Concussion Safety) 2018 specifies maximum age limits for athletes enrolled in sport organizations, to what age groups should it apply? (check one)

Athletes of any age enrolled in competitive amateur sport

X **All athletes under 25 years of age enrolled in competitive amateur sport**

All athletes under age of majority (under 18 years) enrolled in competitive amateur sport

Other, please specify: ________________________

Additional Comments:

The intent of Rowan's Law as indicated above, is to protect those most vulnerable to concussion. While athletes of any age can be affected by concussion, protecting youth under the age of 25 is important due to the vulnerability of the developing brain. Applying the legislation to athletes under age 25 rather than age 18 will provide increased opportunity to expand education and awareness to youth, which they will carry forward into adulthood

B. Patoine,, 2010, "Sports Concussions & The Immature Brain; Young Athletes May Be More Vulnerable to Mild Brain Injury" http://www.dana.org/News/Details.aspx?id=43489

In Ontario, young people experience much higher rates of concussions than the general population. For those aged 18 and under, the 2016 rate was 517.7 per 100,000 Emergency Department (ED) visits; more than double that of the general population. It should be noted that youth aged 19 to 25 also experience a substantial health burden when it comes to concussion; the 2016 rate in the 19-25 population was 371.0 per 100,000.

Data source: Inpatient Discharges [2008-2017], IntelliHEALTH ONTARIO, Ontario Ministry of Health and Long Term Care, Data Extracted: May 7, 2018.

**QUESTION 6:** The age cut-offs proposed in Question 5 may not be applicable to the average age of competitive athletes in Colleges and Universities. As a result, the government is considering specifying alternate age limits to those proposed in Question 5 for athletes enrolled in competitive sports in Colleges and Universities. In this case, to what age groups should the legislation apply?

X **All athletes enrolled in competitive sports in Colleges and Universities**

All athletes under 25 years of age enrolled in competitive sports in Colleges and Universities

Other, please explain: ______________________________

Explanation and Additional Comments:

Athletes may continue to participate in College and University sport past the age of 25, therefore it would be beneficial to include all athletes enrolled in sports in Colleges and Universities into the legislation.

**QUESTION 7:** Should the legislation apply to Ontario, national and international athletes, from across Canada and globally, who compete in amateur national/international competitions within Ontario?

X **The legislation should apply to all athletes (i.e., Ontario, national and international athletes) competing in amateur national/international competitions within Ontario**

The legislation should not apply to any athletes (i.e., Ontario, national and international athletes) competing in amateur national/international competitions in Ontario

The legislation should only apply to Ontario athletes competing in amateur national/ international competitions in Ontario

Additional Comments:

Ontario participants should follow legislation regardless of where they play (i.e. nationally or internationally). National and international participants visiting Ontario should follow the International Concussion Consensus Statement on Concussion in Sport (Berlin) (i.e. removal from play based on a suspected concussion). It would be beneficial for the legislation to include a specific component that addresses national and international competitors. The U.S. has pioneered concussion legislation in all 50 States. It would be beneficial to review how it is currently applied to athletes in this context to provide insight into the development of guidelines.

**QUESTION 8:** Do you agree with the above definition for "coach"?

**X No**

Explanation and Additional Comments:

Within the definition of coach, further clarification of the intended meaning of "athlete" and "sports team" is recommended. Based on feedback from the previous questions in this consultation paper, if the legislation is to include recommendations for recreational sports/activities, there is potential that there would not be a specified "coach" involved, rather an instructor.

"A person responsible for presiding over: the fields of play, fair play according to the rules of the sport, and the outcome of sporting events, athletic games, and sports competitions. Individuals who participate in monitoring roles, such as timekeepers and goal judges, will not be included".

**QUESTION 9:** Do you agree with the above definition for "official"?

**X Yes**

**QUESTION 10:** What content do you think should be included in the Minister-approved and supplied concussion awareness resources?

**X Information about the nature of concussions, including the ways in which they commonly occur**

**X Information about the common signs and symptoms of a concussion**

**X Information about the steps to be taken to prevent concussions in sport**

**X Information about the steps to be taken if an athlete is suspected of having a concussion, including the importance of seeking appropriate medical assessment**

**X Concussion removal-from-sport protocol**

**X Concussion return-to-sport protocol**

**X Other, please explain below**

Explanation and Additional Comments:

It would be beneficial for the regulations to include information regarding where to go for local follow-up/initial assessment of a concussion (i.e. recommended clinics that specialize in concussion management).

In order to assess the implementation of Return to Play laws in the U.S., the National Center for Injury Prevention and Control (NCIPC) conducted a case study evaluation on the Return to Play implementation efforts in two states. Potential implementation barriers included access to adequate healthcare services. Some coaches and athletic directors reported that athletes sometimes had difficulty accessing appropriate health care after a potential concussion. Some interviewees also stated that not all medical health professionals are aware of best practices in concussion assessment and management. Based on this, it was recommended that states can explore mechanisms for making services accessible locally through identification of local professionals that have received adequate training in concussion management.

Implementing return to play: Learning from the experiences of early implementers
https://www.cdc.gov/headsup/pdfs/policy/rtp_implementation-a.pdf

**QUESTION 11:** Which of the following groups of individuals do you believe should also be required to annually review concussion awareness resources?

**X Team or club managers**

**X Sport specific specialists**

**X Instructors**

**X Athletic trainers**

**X Convenors/organizers for events/competitions**

**X Other, please explain: First Aid responders (i.e. EMS, volunteer personnel with first aid training).**

Explanation and Additional Comments:

Awareness by a broad range of people who have responsibly over participants and events will enhance overall awareness and encourage shared responsibility. According to recommendations for implementation of the Berlin Concussion in Sport Consensus Statement, "public, athlete, parent and coach awareness is an important aspect in initiating care" (Patricios et al., 2018). Broad awareness and education can also shift sports culture toward increased concussion awareness – related to both prevention and intervention.

It is additionally recommended that first aid responders, while also having additional training, be required to review the concussion awareness resources annually. "Athletes, coaches, officials, medical and paramedical personnel should receive ongoing hands-on and remote training using a range of written materials and 'on-line' modules" (Patricios et al., 2018).

Patricios JS, Ardern CL, Hislop MD, et al. (2018) Implementation of the 2017 Berlin Concussion in Sport Group Consensus Statement in contact and collision sports: a joint position statement from 11 national and international sports organisations. Br J Sports Med. 52:635-641

http://bjsm.bmj.com/content/52/10/635

**QUESTION 12:** In what other circumstances/timeframes should the review of concussion resources be required?

**X At the beginning of the sport season**

At the beginning of the calendar year

**X At the beginning of an individual's involvement with the sport organization**

**X When concussion resources have been revised because of advances in the science of concussions**

Explanation and Additional Comments:

It is important that concussion resources be reviewed at a minimum annually. Including "beginning of the sports season" will ensure that multiyear registrants re-review content. A more specific explanation of what is meant by the "beginning of the sports season" would be required in cases where a sport continues all year.

**QUESTION 13:** Should sport organizations and school boards be required to keep track that individuals have reviewed concussion awareness resources?

**X Yes**

Additional Comments:

It is important for legislation to achieve its intended effects of the prevention of further injury from concussions and mechanisms of accountability are built into the regulations. Tracking is an important element of ensuring accountability.

**QUESTION 14:** Which of the following should be included as minimum requirements for a Concussion Code of Conduct that would be part of a pledge or commitment?

**X Fair play**

**X Concussion recognition (i.e., self-disclosure of possible concussion by an athlete)**

**X Concussion reporting (i.e., disclosing when an athlete suspects that another athlete is injured or experiencing possible concussion)**

**X Pre-game, post-game or practice check-ins to provide opportunity to discuss any athlete concerns**

**X Zero-tolerance policy for prohibited play that is considered high risk for causing concussions, as defined by individual sports' rules of the play**

**X Mandatory expulsion from competition for violating sport organization's zero-tolerance policy (duration to be determined by sport organization with jurisdictional responsibility for the sport)**

**X Escalating penalties for athletes/other individuals who repeatedly violate the sport organization's Concussion Code of Conduct, including zero-tolerance policy (penalties to be determined by sport organization with jurisdictional responsibility for the sport)**

Other, please specify ______________________________________________

Additional Comments:

As outlined in the Report of the Rowan's Law Advisory Committee Action #5, the minimum recommended requirements would include all of the above.

These suggested recommended elements of a code of conduct would decrease an athlete's potential for concussion as well as decrease further injury. It is important that officiants/referees have and follow clear guidelines in order to make consistent calls to enforce rules of play to protect players from injury. It is important to ensure coaches as a result, are not indirectly penalizing a player who experiences a concussion (i.e. Players that are benched are given less opportunities and there may be reluctant to be honest about symptoms). It is important that codes of conduct create safe environments and a culture of safety, with safety of players being a priority. Using strategies such as "Team up, Speak up" by the Concussion Legacy Foundation encourages players to be supportive of concussed team mates. The message is that athletes have a responsibility to report to a team leader if they notice concussion symptoms in a teammate.
https://concussionfoundation.org/programs/team-up-speak-up/how-to-participate

Another example of efforts to increase awareness and change sports culture is the HEADS UP resource center.
CDC: Opportunities to Re-shape the Culture Around Concussions in Sport
https://www.cdc.gov/headsup/resources/playbook.html

**QUESTION 15:** Rowan's Law (Concussion Safety), 2018 and concussion policies and guidelines established by the Minister of Education will require athletes, parents/guardians of athletes under 18 years of age, coaches and educators to review Concussion Codes of Conduct. The government may also require other persons to review Concussion Codes of Conduct.

Which of the following groups or individuals should also be required to review Concussion Codes of Conduct?

**X Team or club managers**

**X Officials**

**X Sport specific specialists**

**X Instructors**

**X Athletic trainers**

Other groups or persons (please specify): ___________________________

Additional Comments:

All of the groups indicated above have the potential to have direct or indirect involvement in preventing concussions and identifying potential symptoms. Ensuring these groups are knowledgeable about the Concussion Code of Conduct would serve to further protect youth from injury and help to influence culture around concussion in sport.

**QUESTION 16:** Under which of the following additional circumstances and/or timeframes should government require that Concussion Codes of Conduct be reviewed?

X **When a revision is made to the sport organization's/school board's Concussion Code of Conduct**

X **When an athlete has violated the Concussion Code of Conduct**

X **At the beginning of each sport season (even if the Concussion Code of Conduct was reviewed within the last 12 months)**

Once per calendar year

X **Other circumstance(s), please specify: When a parent/guardian violates the code of conduct**

Other timeframe(s), please specify: _____________________________________________

There are no additional circumstances and/or timeframes under which regulations should require the review of Concussion Codes of Conduct

Additional Comments:

Parents/guardians play an important role in promoting their child's happiness and success in any type of sport or activity. Parental expectations and behavior have a significant bearing on children's attitude and behavior and as such, parents need to be aware of the code of conduct to ensure their child's and all others' safety is first and foremost. If a parent/guardian violates, or promotes their child to violate the code of conduct, there should be a reminder to prevent this from happening again.

**QUESTION 17:** What timeframe and/or circumstances should be considered for the coach's review of the Concussion Code of Conduct?

X **Within the last 12 months (same timeframe as for athletes and their parent/guardian, if the athlete is under 18 years of age)**

X **When a revision is made to the sport organization's/school board's Concussion Code of Conduct**

X **In instances when a coach has violated the Concussion Code of Conduct**

X **At beginning of each sport season (even if the Concussion Code of Conduct was reviewed within the last 12 months)**

Other circumstance(s), please specify ___________________________________________

Other timeframe(s), please specify ____________________________________________

**QUESTION 18:** How should sport organizations and school boards be required to make their Concussion Code of Conduct available?

**X Electronically, through a website**

**X Hard copy**

**X In-person/group presentations**

**X Other, please specify: _In multiple languages___**

Explanation and Additional Comments:

Presentations are a recommended mode for athletes/parents. Hard copies should be posted in relevant locations as well as available electronically. The code of conduct, as well as other concussion related resources, should be made available in other languages as applicable to the population. It should also be available in other accessible formats as per the Accessibility for Ontarians with Disabilities Act accessibility standards (i.e. for visually impaired).

**QUESTION 19:** Should sport organizations and school boards be required to keep track that individuals have reviewed the Concussion Code of Conduct?

**X Yes**

Additional Comments:

It is important for legislation to achieve its intended effects of preventing and decreasing frequency and severity of concussions, that mechanisms of accountably are built into the regulations. Tracking is an important element of ensuring accountability.

The government is considering a requirement for sport organizations and school boards to review, and update if necessary, the content of their Concussion Code of Conduct on an annual basis.

**QUESTION 20:** Is this an appropriate timeframe?

**X Yes**

Additional Comments:

Review and update by organizations and school boards should happen at a minimum annually. New information about concussions is continually changing and all involved need to be up to date to ensure accountability.

**QUESTION 21:** Are there any other components that you believe should be added to the list of minimum requirements for removal-from-sport protocols?

**X No**

**QUESTION 22:** Are there any circumstances in which any of the four minimum components in the removal-from-sport protocol should not apply?

**X No, the minimum components should apply in all circumstances**

**QUESTION 23**: Should the government consider requiring sport organizations and school boards to keep track of any incidents of removal-from-sport due to suspected concussion?

**X Yes**

Additional Comments:

It is important that sports organizations track suspected concussion cases. This will help to plan treatment and return to sport/activities plan of care, especially in cases where athletes have sustained multiple concussions.

As outlined in Action item #3 of the Report of Rowan/s Law Advisory Committee, it is recommended that all amateur sport partners collect and report data regarding incidents where a player is removed from play due to a suspected head injury (including a suspected concussion).

**QUESTION 24:** In addition to the designate(s)' role in removal-from-sport, are there any other individuals who should be required to have a role in dealing with an athlete who has sustained a concussion during training, practice or competition?

**X Yes**

**If yes, please specify: _If the team's "designate" cannot attend all games/practices/events__**

Additional Comments:

It is important that the term "designate" and their role is clearly defined. There are two roles of the designate: removal from sport and monitoring the return-to-sport protocol. There should be a designate at every event. If this is not possible, then multiple designated would be required.

**QUESTION 25:** In addition to the designate(s), which of the following individuals should be required to confirm to the sport organization or school board that they have reviewed the sport organization's or school board's removal-from-sport protocol? (check all that apply)

**X Coach**

**X Official**

Other, please explain ______________________________________________

None – No other individuals should be required to confirm to the sport organization or school board that they have reviewed the removal-from-sport protocol

Explanation and Additional Comments:

Coaches and officials play a key role in preventing concussions and responding properly when a suspected concussion occurs. They are in positions of authority within the sport and event, and have responsibility for the players and the sport/activity. Coaches play a critical role in educating their athletes about concussion and emphasizing the importance of reporting any concussion symptoms.

Involving coaches and officials is also a recommendation from the Report of the Rowan's Law Advisory Committee.

**QUESTION 26:** Are there any other components that you believe should be added to the list of minimum requirements for return-to-sport protocols?

**X Yes**

**If yes, what elements would you add? <u>Fully specify who is considered a regulated health professional</u>**

Additional Comments:

With regards to medical assessment and diagnosis, it would be beneficial to include a definition to fully specify who is considered a regulated health professional with the necessary scope of practice. Concussion Ontario specifies: "A physician or nurse practitioner must complete the initial medical assessment to identify the key diagnostic elements of concussion and identify and act on any symptoms indicating other potentially serious issues that may need urgent and/or specialized medical care." Concussion Ontario http://concussionsontario.org/standards/standards-for-high-quality-post-concussion-services-and-concussion-clinics/standard-1/

**QUESTION 27:** Are there circumstances in which you think any of the minimum components in the return-to-sport protocol would not apply?

**X No, the minimum components should apply in all circumstances/situations**

**QUESTION 28:** Under the Rowan's Law (Concussion Safety), 2018, sport organizations will be required to designate a person(s) ("designate(s)") with the responsibility of ensuring that athletes with suspected/diagnosed concussions do not return-to-sport until permitted to do so, in accordance with the return-to-sport protocol. Similar requirements may be set for provincially-funded school boards in concussion policies and guidelines established by the Minister of Education. Aside from these designates, are there any other individuals who should be required to have a responsibility for ensuring the return-to-sport protocol is followed?

**X No**

Additional Comments:

There are two roles of the designate – removal from sport and monitoring the return-to-sport protocol. It is important that the term "designate" is clearly defined; outlining who the designate is and their role. Having more than one designate is important in the event the primary designate is unavailable.

**QUESTION 29:** Which of the following individuals should be required to confirm to the sport organization or school that they have reviewed the return-to-sport protocol? (check all that apply)

**X Coach**

**X Official**

**X Sport organization/school's designate for the purposes of implementing the return-to- sport protocol**

**X Other, please explain: ____Parents/guardian and athletes themselves____________**

Explanation and Additional Comments:

Parents/guardians and athletes themselves.

Awareness of the protocol by all parties indicated above will increase overall knowledge, strengthen support for the athlete, and strengthen accountability.

**The survey is complete. Thank you for your input!**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 029-18

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 May 17

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# MEDICAL OFFICER OF HEALTH ACTIVITY REPORT FOR MAY

## *Recommendation*

***It is recommended that the Board of Health receive Report No. 029-18 re: "Medical Officer of Health Activity Report for May" for information.***

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The following report presents activities of the Medical Officer of Health for the period of April 9, 2018, to May 4, 2018.

April 9 Participated in teleconference with Health Canada in regard to the application for a Supervised Consumption Facility (SCF)
Met with residents and business owners who reside and/or work within 120 metres of the proposed SCF

April 10 Phone call with London City Councillor Phil Squire to discuss SCFs
Interviewed by Jonathan Sher, *London Free Press*, in regard to SCF and upcoming Council presentation
Interviewed by Chris dela Torre, CBC Radio, for the *Afternoon Drive* program

April 11 Participated in teleconference with COMOH Executive
Met with France Gélinas, MPP (Nickel Belt) and Health Critic, together with alPHa representatives, at Queen's Park
Met with John Fraser, MPP (Ottawa South) and Parliamentary Assistant to the Minister of Health and Long-Term Care, together with alPHa representatives, at Queen's Park

April 12 Phone call with London Police Chief John Pare regarding SCFs
Attended the alPHa strategic planning session in Toronto

April 13 Interviewed by Craig Needles, AM980, in regard to SCFs
Interviewed by Miranda Chant, Free 98.1 FM, in regard to SCFs
Interviewed by Jonathan Sher, *London Free Press*, in regard to SCFs
Met with representatives from the London and Middlesex Housing Corporation, the Regional HIV/AIDs Connection, and Health Unit staff in regard to a potential SCF location.

April 16 Met with the Health Unit Senior Leadership Team for a half-day strategic planning session
Met with Alex Hanham, Medpoint, to discuss potential collaboration in several areas related to Citi Plaza co-location

April 17 Phone call with Brian Dokis, SOAHAC, to discuss the dental clinic
Interviewed by Jonathan Sher, *London Free Press*, in regard to SCFs
Met with Ed Holder in regard to SCFs
Met with Amanda Margison, CBC Radio, in regard to SCFs

April 19 Participated in examination at the Verbatim Reporting Centre in regard to the Superior Court application
Participated in meeting to plan the April 27 "400 Lives Lost" Memorial
Attended the April Board of Health meeting

April 20 Attended a meeting of the Drug Action Group at the Oneida Nation of the Thames
Interviewed by Liny Lamberink, AM980; Jonathan Sher, *London Free Press*; Andy Oudman, 1290 CJBK; and Chris dela Torre, CBC Radio, all in regard to locations for SCFs
Attended a residents' meeting, 241 Simcoe Street, one of the potential SCF sites

April 23 Introduced Dr. Matthew Hodge, contract physician consultant, to senior leaders and managers of the Environmental Health and Infectious Diseases Division
Completed Korn Ferry's portion of the MOH 360 Assessment process via phone

April 24 Presented to the Schulich Medical School Political Advocacy Committee in regard to the opioid crisis

April 25 Participated in Council of Ontario Medical Officers of Health teleconference call

April 26 Attended Youth Opportunities Unlimited Board meeting
Attended and participated in two neighbourhood information meetings for residents and business owners located near the proposed SCFs at 241 Simcoe Street and 446 York Street

April 27 Teleconference with RHAC and Ministry staff in regard to the SCF application
Attended "400 Lives Lost: memorial event at Ivey Park, London, for those who have died as a result of the opioid crisis

April 30 Interviewed by Craig Needles, AM980, in regard to permanent SCFs
Attended and presented MLHU Dental Clinic Partnership announcement in partnership with the Southwest Ontario Aboriginal Health Access Centre (SOAHAC)
Met with MLHU staff, Evaluation and Planning Team, to discuss the Temporary Overdose Prevention Site evaluation plan
Attended the Planning and Environment Committee meeting at City Hall to recommend that the Committee endorse both proposed SCF locations

May 2 Attended Urban Public Health Network conference in Victoria, British Columbia

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

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