

**HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT  
BOARD OF HEALTH MEETING  
May 20, 2021**

**MINUTES**

The meeting was convened by Mr. Elmslie at 9:30 am via Microsoft Teams.

Those in attendance were Messrs. Elmslie, Cane, Crate and Henderson, Mrs. Brown, Mrs. Roberts, Dr. Bocking, Mrs. Vickery, Mr. Eekhof, and Mrs. Dickson.

Absent with regrets: Mrs. Richardson and Mrs. Tremblay

**1. ADOPTION OF THE AGENDA**

Moved by Mrs. Roberts

Seconded by Mr. Crate

THAT the agenda be adopted as presented.

2021-62  
carried

**2. DECLARATION OF CONFLICT OF INTEREST**

None

**3. ADOPTION OF REGULAR MINUTES**

Moved by Mr. Henderson

Seconded by Mrs. Brown

THAT the regular minutes of the Board of Health meeting held on April 15, 2021 be approved and signed electronically.

2021-63  
carried

**4. BUSINESS ARISING**

None

**5. MEDICAL OFFICER OF HEALTH UPDATES**

Dr. Bocking advised the Board that inspections of food premises are still occurring, and that staff are responding to health hazard complaints and performing other core work such as responding to reportable diseases other than COVID-19, conducting harm reduction related work, and supportive services under the Healthy Babies Healthy Children program, but otherwise, the pandemic takes up the majority of the focus.

### Epidemiology Update:

As of May 19<sup>th</sup>, there have been a total of 1,842 confirmed cases in the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU) area. Currently, there are 79 active cases (7 in Haliburton, 43 in the City of Kawartha Lakes and 29 in Northumberland) and five outbreaks. The seven-day rolling incidence rate is 42 cases per 100,000 population. The highest incidence rate has been around 90 per 100,000 about a month ago; we seem to be stagnating between 30 and 40 per 100,000, which equates to 10-15 new cases per day. The percent positivity rate was 2.8% as of last week, we would like to see less than 1%.

The trend over the last two weeks has been cases in the 30-39 age group; prior to that the largest age group was under 20 because of two relatively large outbreaks related to high schools. We are not seeing as many cases in the older population as we were at the beginning of the pandemic. The source of transmission tends to be household or close contact; there are around 32% of cases for which the exposure source is unknown.

### Case and Contact Management:

Preventing the ongoing transmission of the COVID-19 virus continues to require significant Health Unit focus and resources. HKPRDHU has divided virus containment work between four teams: Case Investigation, Contact Tracing, Outbreak Management, and School Health (responds to school-aged cases). In the past month, the number of newly reported cases per day has ranged from three to 36. The number of outbreaks occurring at any given time has ranged from one to nine. Based on changing levels of virus activity, the teams increase and decrease in size, with staff members being cross-trained to support multiple teams. Staff from many different areas of the Health Unit have been redeployed to support these Teams.

HKPRDHU staff continue to coordinate the ongoing roll-out of COVID-19 vaccination across all three geographic regions. Demand and uptake of the vaccine has been high, and supply of vaccine has slowly begun to increase. Many municipal, community, and health sector partners are supporting the roll-out through multiple avenues.

### Vaccine Roll-Out:

The Health Unit is currently responsible for:

- Managing inventory of all vaccine coming to the region (except for vaccine for pharmacies)
- Supervising cold-chain compliance for vaccine distribution
- Managing five mass immunization clinics in collaboration with partners

- Implementing mobile clinics in other congregate care settings
- Coordinating information flow/communication with partners and stakeholders
- Responding to reports of Adverse Events Following Immunization (requirement under existing Ontario Public Health Standards)

### **Communication**

The communication department continues to ensure that our communities have access to accurate and timely information about COVID-19 and vaccination roll-out.

The Health Unit is using multiple platforms to reach members of the public including a virtual weekly media scrum, bi-weekly “Talk with the Doc” virtual event, YouTube informational videos, tweets, and formal media releases.

The call-centre that was established at the beginning of the pandemic continues to receive a high volume of calls. In addition, the Health Unit launched a public facing customer service application called “Click and Connect” to expand how it communicates with and responds to questions from the public.

### **Human Resources**

The workload associated with case and contact management as well as vaccination roll-out has been tremendous for this relatively small health unit. Over 80% of staff have been redeployed to support the COVID-19 response – many while also continuing to support other essential/critical services under the Ontario Public Health Standards.

Mass immunization clinics have required significant human resource support to ensure that they are appropriately equipped and staffed. Each clinic runs with 12-15 HKPRDHU/Community Partner staff and 15-20 volunteers, depending on the size of the clinic. Depending on vaccine supply, 1-3 clinics are operated each day in addition to a mobile team that offers clinics in vulnerable settings.

Since March 2021, the human resource department has worked with a staffing agency to hire 50 additional temporary staff to support the COVID-19 response. This represents a 35% increase to the staff complement to support call centre, contact tracing, administration, and mass immunization clinics. Despite the ongoing attempts to bring on additional supports, workloads for HKPRDHU staff remain high.

### **Recovery Planning**

Our management team are beginning to turn our minds to recovery and a gradual, staged transition to regular business. Recovery efforts will require dedicated resources.

Moved by Mr. Henderson

Seconded by Mr. Crate

THAT the MOH Updates be received for information.

2021-64  
carried

## 6. REPORTS

Francine Fernandes, Health Informatics Specialist, provided the Board with a presentation on the “Collaborative Health Record” (electronic medical records)

The collaborative health record (CHR) is the next iteration of the electronic medical record built for the connected world. The CHR can be used for booking appointments, charting, prescribing, referrals, and as a patient database.

“Click & Connect” is part of the CHR. “Click & Connect” takes clients to an e-referral page where they can find answers to most frequently asked questions about COVID-19 and can also submit questions. When questions are received, someone in the Health Unit’s COVID-19 Call Centre calls the person and documents the interaction in the CHR.

The CHR has dramatically changed the way the Health Unit is documenting interactions with the public; it has stopped duplication of documentation, allowed for all staff to work within the same system at the same time, and meets documentation standards.

Plans are in place to utilize the CHR in the Health Unit’s Infectious Diseases and Family Health departments starting in late May/early June.

Moved by Mrs. Roberts

Seconded by Mrs. Brown

THAT the presentation on the Collaborative Health Record be received for information.

2021-65  
carried

## 7. NEW BUSINESS

### 7.1 Operating Statements

Moved by Mr. Cane

Seconded by Mr. Henderson

THAT the draft non-audited Operating Statements for the four-month period ending April 30, 2021 in the amount of \$7,417,000 be received for information.

2021-66  
carried

## 8. BUSINESS FROM BOARD MEMBERS

Mr. Henderson asked how point of care antigen test kits are to be disposed. Dr. Bocking

advised that it is the Health Unit's understanding that these are to be disposed into regular garbage per the province and that staff would provide information to the Board and Chambers of Commerce.

Mr. Cane asked if Medical Officers of Health have been asked by the Province for input regarding the re-opening of outdoor activities. Mr. Elmslie shared that he considered bringing a motion to the Board to have a letter drafted to send to MPPs and the Provincial Government to support safe outdoor activities to open, but has since heard that there will be an announcement later today that might address the issue.

Moved by Mr. Cane

Seconded by Mr. Crate

THAT if today's Provincial announcement does not meet the Board's expectations for the safe re-opening of outdoor activities, that staff will draft a letter for the Board's approval requesting that recreational activities open at the soonest possible time.

2021-67  
carried

## 9. CORRESPONDENCE

Moved by Mrs. Brown

Seconded Mrs. Roberts

THAT the following correspondence be received and filed:

2021-68  
carried

- Resolutions for Consideration at the June 8<sup>th</sup> alPHa Annual General Meeting
- alPHa Information Break

## 10. IN-CAMERA SESSION

Moved by Mr. Crate

Seconded by Mr. Cane

THAT the Board of Health move in-camera to review the minutes from the April 15, 2021 closed session and a property matter.

2021-69  
carried

Moved by Mr. Henderson

Seconded by Mr. Crate

THAT the in-camera session be dissolved, and the membership return to the Board of Health.

2021-70  
carried

Moved by Mrs. Brown

Seconded by Mrs. Roberts

THAT the in-camera minutes from April 15, 2021 be approved and signed electronically.

2021-71  
carried

