Our Vision: Healthy People in Vibrant Communities

Board of Health Meeting Agenda

Location: Oxford County Administration Building
21 Reeve St., Woodstock, On
Virtual participation via MS Teams
Thursday, February 26, 2026 at 1:00 p.m.

1.0 Convening the meeting

1.1 Call to order (recognition of quorum, introduction of guests, board of health members and staff).
1.2 Approval of Agenda.
1.3 Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend.
1.4 Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health's website.

2.0 Approval of minutes

2.1 Minutes from January 22, 2026

3.0 Approval of consent agenda items

- No items this month.

4.0 Correspondence received requiring action

- No items this month.

5.0 Agenda items for information, discussion, and decision

5.1 Medical Officer of Health's Report for February 26, 2026
5.2 Chief Executive Officer's Report for February 26, 2026

6.0 New business/other

- No items this month.

7.0 Closed session

Motion to move into a closed session to discuss the following matters pursuant to the Municipal Act, 2001:

- (c) a proposed or pending acquisition or disposition of land by the municipality or local board (re: Woodstock site).

- (b) personal matters about an identifiable individual, including municipal or local board employees; and (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

8.0 Rising and reporting

9.0 Future meetings and events

- Board of Health Orientation: Thursday, March 26, 2026 at Noon.
- Board of Health Meeting: Thursday, March 26, 2026 at 1:00 p.m.
- Location: 1230 Talbot Street, St. Thomas, ON; virtual participation via MS Teams for Board meeting commencing at 1:00 p.m.

10.0 Adjournment

Accessibility:

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Board of Health Meeting
January 22, 2026

Open Session Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, January 22, 2026, commencing at 1:00 p.m.

Present:

Ms. C. Agar	Board Member
Mr. J. Herbert	Board Member
Ms. K. Hobbs	Board Member
Mr. G. Jones	Board Member
Ms. B. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. E. Taylor	Board Member
Mr. S. Molnar**	Board Member
Mr. D. Shinedling**	Board Member (Vice Chair)
Mr. D. Warden	Board Member
Dr. N. Tran	Medical Officer of Health (ex officio)
Ms. C. St. John	Chief Executive Officer (ex officio)
Ms. W. Lee	Executive Assistant

Guests:

Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Manager, Foundational Standards
Ms. N. Rowe	Manager, Communications
Mr. Y. Santos	Manager, IT
Mr. D. Smith	Program Director

Media:

Mr. J. Konecny**	Aylmer Express

Note: ** indicates virtual participation

Regrets:

Mr. J. Couckuyt	Board Member
Mr. M. Ryan	Board Member

1.1 Call to order, recognition of quorum

The meeting was called to order by C. St. John at 1:02 p.m.

1.2 Approval of agenda

Resolution # 2026-BOH-0122-1.2
Moved by D. Mayberry
Seconded by D. Warden

> That the agenda for the Southwestern Public Health Board of Health meeting for January 22, 2026, be approved as amended.

Carried.

1.3 Reminder of conflicts of interest

Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend.

1.4 Recording of minutes

Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health's website.

1.5 Election of Officers

D. Mayberry nominated B. Martin for Chair. B. Martin accepted the nomination.

Resolution # 2026-BOH-0122-1.5A
Moved by D. Mayberry
Seconded by D. Warden

> That Bernia Martin be Chair of the Board of Health for Southwestern Public Health for the year of 2026.

Carried.

B. Martin assumed the duties of the Chair.

D. Warden nominated D. Shinedling for the position of Vice-Chair for 2026. D. Shinedling accepted the nomination. D. Warden noted electing a provincial representative is consistent with practices on other boards of health and would support governance continuity and stability during a municipal election year.

Resolution # 2026-BOH-0122-1.5B
Moved by D. Warden
Seconded by L. Rowden

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That D. Shinedling be Vice-Chair of the Board of Health for Southwestern Public Health for the year of 2026.

Carried.

B. Martin thanked G. Jones for his service as Vice-Chair over the last 2 years. G. Jones thanked the group and endorsed D. Shinedling's election to the role.

Resolution # 2026-BOH-0122-1.5C
Moved by J. Herbert
Seconded by D. Mayberry

That the Board of Health Chair delegate the Chief Executive Officer as acting "Head" for the purpose of ensuring the day-to-day fulfilment of Southwestern Public Health's compliance obligations under the Municipal Freedom and Information and Protection of Privacy Act (MFIPPA) for the year of 2026.

Carried.

2.0 Approval of minutes

Resolution # 2026-BOH-0122-2.1
Moved by G. Jones
Seconded by D. Warden

That the minutes for the Southwestern Public Health Board of Health meeting for November 27, 2025, be approved.

Carried.

3.0 Consent agenda items

No items this month.

4.0 Correspondence received requiring action

No items this month.

5.0 Agenda items for information, discussion, decision.

5.1 Medical Officer of Health's Report

Dr. N. Tran reviewed the report.

E. Taylor asked whether there are any concerns regarding feeding birds during the winter. Dr. N. Tran advised that the primary risk is interacting with animals that are sick or dying and strongly recommended avoiding contact with such animals.

D. Mayberry inquired about the effectiveness of the current influenza vaccine given the circulating strains and its impact on those vaccinated. Dr. N. Tran noted that vaccine effectiveness varies annually depending on the strain match and is not fully known until the end of the season. Early data from countries such as the UK and Australia suggest

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that the vaccine provides some protection against hospitalization even if the strain does not perfectly match. D. Mayberry commented that 60% effectiveness is still meaningful.

C. Agar requested an update on the Hart Hub in Woodstock following a news release in December 2025. Dr. N. Tran reported that the Hub has been operating for several months, highlighted it as a positive development for the region, and indicated he would review additional details from the Ontario Health Team as they become available. D. Mayberry added that the Hub's ten beds are fully occupied and it is functioning well, though there are ongoing transitions. P. Heywood noted that an engagement campaign is underway to raise community awareness and provide technical support. M. Peterson remarked that challenges remain for clients in securing housing after leaving the Hart Hub.

Resolution # 2026-BOH-0122-5.1
Moved by D. Warden
Seconded by M. Peterson

> That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for January 22, 2026.

Carried.

5.2 Chief Executive Officer's Report

C. St. John reviewed the report.

K. Hobbs asked whether the Ontario Public Health Standards (OPHS) are reviewed annually. C. St. John explained that the last full review was in 2018, prior to which it was 2012, and that standards are not reviewed annually. She noted a consultation process is involved in updates. B. Martin added that this review has been in development for the past three years. Dr. N. Tran noted that while standards undergo major reviews infrequently, protocols – particularly for technical areas like infectious disease – are updated more regularly, allowing for more nimble responses.

K. Hobbs asked whether the funding for the IPAC Hub is primarily for salaries. C. St. John confirmed this and noted that while it provides a good starting point for planning, temporary funding restricts hiring to short-term staff in an area that requires a depth of expertise. S. Molnar added that static funding over five years may result in marginal losses due to inflation and cost pressures.

E. Taylor asked whether the IPV program coordinates with the Solicitor General given that court reports indicate some cases are resolved quickly. C. St. John explained that this program does not coordinate directly but emphasized that a whole-system approach is needed to effect change. D. Smith noted the program's focus is supporting women with health and social needs, without interacting with perpetrators, and that data is being gathered to inform future advocacy and coordination.

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C. Agar asked about Ontario's poverty reduction strategy and whether the Province is unique in downloading affordable housing costs to municipalities. B. Martin confirmed that this is unique to Ontario.

C. Agar requested information on local school mental health supports, specifically how Grade 9 students in Oxford and Elgin compare to the provincial average in two areas: awareness of available mental health resources and the likelihood of seeking help when needed. P. Heywood indicated that further research would be undertaken to gather this data and an update would be provided to the Board.

C. Agar also asked about sexually transmitted infection rates and whether demographic data is available to target interventions. C. St. John confirmed that such data is available and used for education and marketing purposes.

L. Rowden highlighted the persistently high rates of violence against women, noting that many instances go undocumented and emphasizing the importance of raising awareness. C. St. John acknowledged the issue as a significant public health concern.

D. Shinedling asked about the ultimate vision for the IPV program and potential mobilization. D. Smith noted that it is a federal initiative with time-limited funding for the first year, focused on data collection to support advocacy for continued funding and broader systemic change. He confirmed that an exit strategy is in place should funding expire at year-end.

D. Mayberry commented on the costs of sexual health issues and unintended pregnancies versus the cost of prevention, emphasizing the importance of school-based programs and suggesting reporting include both problem and solution costs to guide decision-making.

Resolution # 2026-BOH-0122-5.2-3.1
Moved by M. Peterson
Seconded by D. Warden

> That the Board of Health ratify the signing of the IPAC Hub Transfer Payment Agreement for Southwestern Public Health as noted in the CEO's report.

Carried.

Resolution # 2026-BOH-0122-5.2
Moved by E. Taylor
Seconded by C. Agar

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for November 27, 2026.

Carried.

6.0 New business

No new business items.

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7.0 Closed session

Resolution # 2026-BOH-0122-C7
Moved by G. Jones
Seconded by M. Peterson

That the Board of Health move to closed session in order to consider the following, as outlined in the Ontario Municipal Act:

- Labour relations or employee negotiations (s. 239(2)(d)): update regarding labour relations with union groups;
- Litigation or potential litigation (s. 239(2)(e)): briefing regarding a litigation matter; and
- Personal matters about identifiable individuals (s. 239(2)(b)): performance evaluations of Board employees.

Carried.

8.0 Rising and reporting of closed session

Resolution # 2026-BOH-0122-C8

Moved by M. Peterson
Seconded by D. Mayberry

That the Board of Health rise with a report.

Carried.

Resolution # 2026-BOH-0122-C3.1
Moved by D. Warden
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Closed Report for November 27, 2026.

Carried.

Resolution # 2026-BOH-0122-C3.2
Moved by D. Warden
Seconded by E. Taylor

That the Board of Health for Southwestern Public Health accept the 2026 Chair and Vice-Chair's Verbal Report for January 22, 2026.

Carried.

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9.0 Future meetings and events

The next scheduled Board of Health meeting will be:

- Thursday, February 26, 2026
- Orientation at 12:00 p.m. | Meeting at 1:00 p.m.
- Location: Oxford County Administration Building, 21 Reeve Street, Woodstock and virtual participation via MS Teams

10.0 Adjournment

The meeting adjourned at 2:21 p.m.

Resolution # 2026-BOH-0122-10.0
Moved by M. Peterson
Seconded by J. Herbert

That the meeting adjourn to meet again on Thursday, January 22, 2026 at 1:00 p.m.

Carried.

Confirmed: _____

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Medical Officer of Health Report

Open Session

Meeting date:	February 26, 2026
Submitted by:	Dr. Ninh Tran, Medical Officer of Health (written as of February 9, 2026)
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.1
Resolution #	2026-BOH-0226-5.1

1.0 RESPIRATORY SEASON

The fall respiratory season has stabilized as of the week ending January 31, 2026. Influenza activity continues to decline locally and provincially from its December peak. Locally, COVID-19 and influenza risk are currently low, while Respiratory Syncytial Virus (RSV) risk is high. Provincial projections anticipate stable COVID-19 activity, continued decline in influenza activity, and increasing RSV activity over the next two weeks.

Healthcare system pressures locally remain manageable at this time. Southwestern Public Health (SWPH) continues routine surveillance and targeted communication with healthcare and community partners and will adjust response measures should risk levels change.

2.0 BICILLIN SHORTAGE

Bicillin, the preferred treatment for syphilis, has been in national shortage since December 2, 2025, with supply constraints expected to continue until at least February 16, 2026. Public health units, including SWPH, are restricting use to individuals at the highest risk (specifically infectious cases, all pregnant individuals, and their ongoing sexual contacts) in alignment with provincial guidance.

Alternative treatment regimens are available; however, they require enhanced follow-up and case management. SWPH continues to monitor local supply and case trends closely and will adjust clinical practice and notify health system partners as needed to mitigate risk, particularly related to congenital syphilis prevention.

3.0 ONTARIO HEALTH TEAM (OHT) UPDATES

On January 14, 2026, the Province announced funding to support planning for 16 new and expanded primary care teaching clinics across Ontario. One of the new sites will be established in Woodstock as part of Western University's Family Medicine Residency Program.

The addition of a teaching clinic locally is expected to strengthen primary care recruitment and retention efforts and enhance alignment between primary care and public health priorities within the region.

Motion: 2026-BOH-0226-5.1
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for February 26, 2026.

Chief Executive Officer Report

Open Session

Meeting date:	February 26, 2026
Submitted by:	Cynthia St. John, Chief Executive Officer (written as of February 13, 2026)
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.2
Resolution #	2026-BOH-0226-5.2

1.0 Program and service updates (receive and file):

1.1 Better Outcomes Registry & Network (BORN) – 2025 Report

Since 1998, the Healthy Babies Healthy Children (HBHC) program has been a cornerstone public health program in Ontario. This program, funded by the Ministry of Children, Community and Social Services (MCCSS), is designed to ensure that families and newborns are well-supported during the crucial early stages of life. Following the birth of a child in Ontario, new parents are offered the HBHC Screen, a comprehensive tool comprising of 36 targeted questions by a nurse at the bedside or by telephone. The purpose of this screening is to identify family needs and ensure that appropriate supports and services are provided through their local public health unit. The information collected through the HBHC Screen is securely captured in the Better Outcomes Registry & Network (BORN) Information System, a provincial repository that enables data-driven decision-making and program planning.

In 2025, the Southwestern Public Health (SWPH) region recorded 2,651 births. Of these families, a significant majority—1,688 (63.7%)—consented to having their information transferred to their local health unit for follow-up services. This rate of consent is notably higher than the provincial average, where only 48% of families across Ontario opted to have their information shared for further support. This elevated consent rate within SWPH underscores not only the efforts of our SWPH Screening Liaison Nurses who attend the hospital to meet these parents and promote our services, but also the community's trust in public health services and the proactive efforts of local health care providers to engage families in the program.

The geographic distribution of births within the SWPH region provides further insight for staff when planning program interventions and activities. Of the families residing in the SWPH area, 1,720 babies—equating to 65%—were born at local hospitals, specifically St. Thomas Elgin

General Hospital and Woodstock General Hospital (Tillsonburg District Memorial Hospital and Alexandra Hospital Ingersoll do not operate birthing units). These hospitals play an essential role in initial screening and connecting families to the HBHC program. Additionally, 666 babies, or 25%—were delivered at the London Health Sciences Centre (LHSC). The proximity of LHSC to the SWPH region means many families access its services, highlighting the importance of strong inter-hospital coordination and seamless information transfer to ensure continuity of care.

Continued collaboration with regional hospitals and ongoing dialogue with families will be key to maintaining and enhancing participation in the HBHC program, ensuring that all families have access to the supports they need during the critical early years of their children's lives.

1.2 2025 Summary on Tobacco Enforcement Activities

This is a summary of SWPH's Progressive Enforcement Activities for 2025, in support of the Smoke-Free Ontario Act (SFOA). It includes reports on youth access (YA) checks, display, and promotion inspections, as mandated by the Tobacco, Vapour, and Smoke Protocol, 2021. Enforcement of the SFOA involves conducting inspections and compliance checks within the SWPH region, which comprises 148 tobacco retailers, 123 vapour retailers, 23 specialty vape stores, and 15 secondary schools.

1.2.1 Youth access checks for retailers

Provincial requirements mandate two annual youth access checks for tobacco retailers and one for vapour retailers. In 2025, Southwestern Public Health conducted 452 inspections—305 for tobacco and 147 for vapour products. Of these, 18 failures were recorded (6 tobacco, 12 vapour), leading to 12 warnings and 6 charges. The results are depicted in Table 1.

Across all youth access checks, 96% were successful, indicating that retailers adhered to the SFOA requirements during the inspections. Only 4% of inspections resulted in failures, which triggered follow-up actions such as education, warnings, charges, and re-inspections.

Table 1: Youth Access Inspection Sale Data:

Totals:	Tobacco	Vapour	Total
Number of YA Inspections	305	147	452
Number of YA Failures	6	12	18
Failures Resulting in Warnings	6	6	12
Failures Resulting in Charges	0	6	6
Mandatory YA Completion Percentage	99.32%	99.30%	99.31%

1.2.2 Display, Promotion & Handling and Secondary School Inspections

In 2025, in addition to conducting youth access inspections, the Tobacco Control Program completed 307 inspections focused on Display, Promotion, and Handling (DPH). During these inspections, 21 instances of non-compliance and 28 infractions were identified. The enforcement actions followed a progressive approach: 7 cases were resolved through education, 14 resulted in warnings, 5 led to Certificates of Offence, and 2 offences escalated to Part I Summonses. The most common violations included improper product display, failure to post required signage, and selling in prohibited locations. The results are summarized in Table 2.

Table 2: Display and Promotion Data

Enforcement Action	Employee	Employer	Total
Education	3	4	7
Warning	1	13	14
Part I COF	2	3	5
Part I Summons	0	2	2
Part III Summons	0	0	0

Secondary school inspections are conducted annually in accordance with the Tobacco, Vapour, and Smoke Protocol of 2021. Additional visits can be completed upon request from school administrations. In 2025, all 15 secondary schools within the SWPH region underwent their mandated inspections. These inspections are essential to ensuring compliance with the Smoke-Free Ontario Act (SFOA) in educational settings, thereby helping to maintain a safe, smoke-free environment for youth.

Overall, the 2025 enforcement data shows strong compliance in the region, featuring high inspection completion rates and low failure percentages. Ongoing education and enforcement are essential to this success and maintaining provincial standards and safeguarding youth from exposure to tobacco and related products.

1.3 Update on SWPH's Collaboration with Municipalities to Reduce Alcohol-Related Harms

SWPH has provided information to all 16 municipalities within its region on how to improve local alcohol policies. You may remember that the Board of Health discussed this work last year. In August 2025, we sent out a communication about a webinar series from the Canadian Alcohol Policy Evaluation Community of Practice, along with relevant documents, including "Reducing Alcohol Harms: A Primer for Municipalities." Several local municipal staff members attended the webinar presentations and distributed the primer to relevant staff which is great.

Since 2023, SWPH has offered direct support to interested municipalities in reviewing and providing feedback on their municipal alcohol policy (specific to municipal property) using a validated Quality Measurement Tool. Since that time, we have provided these reviews to 5 municipalities. Municipalities have been receptive to feedback, and many recommendations have been incorporated into the Municipal Alcohol Policies (MAPs), thereby improving the health and safety of those who attend events that include alcohol. SWPH will continue to work with municipalities to provide direct support for MAP reviews from a health and safety perspective.

SWPH is actively participating in a Provincial Working Group that is developing recommendations under the guidance of legal expert Robert Solomon. This group aims to address bylaws that extend beyond those applicable solely to municipal property. Our goal is to provide municipalities with valuable information on policy options that can help mitigate the issues and harms associated with alcohol.

We are committed to including municipal consultations in the development of these recommendations to ensure they are practical and can be effectively implemented in real-world

situations. Additionally, SWPH will continue to monitor the local harms related to alcohol. This includes utilizing GIS mapping, tracking rates of hospital and emergency room visits due to alcohol use, and partnering with local police to gather crime data related to alcohol-related incidents, such as violence, intimate partner violence, and impaired driving.

Together, these ongoing efforts highlight SWPH's commitment to reducing alcohol related harms through evidence-informed policy development, meaningful municipal collaboration, and continuous monitoring of local impacts. By combining legal guidance, community engagement, and data-driven surveillance, SWPH aims to support municipalities in creating safer, healthier environments for residents now and into the future.

1.4 Provincial recognition of Oxford County, Elgin County, and the City of St. Thomas as "Age-Friendly Communities"

The Ontario Government has officially recognized Elgin-St. Thomas and Oxford County as Age-Friendly Communities. The local committees in both regions received an invitation from Minister Raymond Cho of the Ministry for Seniors and Accessibility to attend the Ontario Age-Friendly Community Recognition Ceremony at the 2026 ROMA Conference.

The ceremony highlighted communities across Ontario, recognizing their contributions toward making Ontario more accessible and inclusive for people of all ages and abilities. Age-Friendly communities create more inclusive physical and social environments that support older adults in living safely, enjoying good health, and staying active and involved.

The Ministry assessed each community's progress against criteria established by a panel of experts, using information from the Ontario Age-Friendly Outreach Program. Both Elgin St. Thomas and Oxford within our region demonstrated active involvement in key steps towards becoming Age-Friendly, which led to this recognition. Our committees are proud of this achievement and remain committed to advancing this important work!

Our local Age-Friendly committees completed updated needs assessments in 2025 with support from Southwestern Public Health. Using results from the needs assessment, the Oxford County committee is currently developing an age-friendly strategy to guide their work, Meanwhile, Elgin-St. Thomas has had an Age-Friendly community plan since 2017, and they are in the process of updating it to reflect the current realities local older adults. We expect to complete these strategies within the next month and plan to present them, along with the supporting needs assessment, at a future Board of Health meeting.

1.5 Environmental Health updates

1.5.1 Public Communication: Sodium and Fluoride Reminders

Annual reminders regarding sodium and fluoride in Oxford County's drinking water were issued on January 29, 2026. The social media reel promoting the reminders was well received, generating strong engagement and interactions from the community.

1.5.2 Allergen Management Pilot Project

SWPH's Environmental Health team is partnering with Food Allergy Canada to advance the Informed Dining Pilot Project. The one-year initiative aims to enhance awareness and education on allergen management among food business operators. This project has been reviewed by the Ministry of Health and Public Health Ontario (PHO) and forms part of a Laval University PhD research project focused on improving allergen management practices in foodservice establishments. Public Health Inspectors will serve as a channel for disseminating Food Allergy Canada's educational Think Food Allergy resources during routine field visits. The project is expected to begin at the end of March 2026 and is anticipated to strengthen food allergen management practices and better protect food-allergic communities.

1.5.3 Weather Preparedness and Community Resilience

SWPH is exploring a collaboration with Oxford County, Elgin County, and the City of St. Thomas to identify sites suitable as warming or cooling centres during extreme weather events. The goal of this initiative is to refine processes for issuing weather alerts and to ensure public awareness of available community centres, enhancing overall community preparedness and resilience.

1.6 IPAC Hub update

The IPAC Hub submitted its Q3 financial report on January 27, 2026, with the Q4 report due April 30. Ongoing monitoring supports informed planning and ensures alignment with budgeted resources.

In January 2026, 24 IPAC services were provided to long-term care homes, retirement homes, and other congregate living settings, slightly up from 20 in December 2025. This reflects ongoing demand for infection prevention support and highlights the Hub's essential role in protecting vulnerable populations.

Internally, the IPAC committee continues to update key organizational policies, including Routine Practices, Additional Precautions, and IPAC orientation. New IPAC training, developed by the Hub and shared with HR, replaces previous PHO modules and will be used for onboarding new staff and retraining existing staff, ensuring consistent competency across the organization.

In 2026, IPAC Hub staff will also conduct assessments in dental, environmental health, and healthy growth and development programs. The Hub manager participates in a Public Health Ontario (PHO) working group developing tools and guidance to support public health staff orientation, enhancing both organizational readiness and sector-wide consistency.

1.7 Immunization system transition (COVaxON to Panorama PGW)

The COVaxON database, which houses COVID-19 vaccination records, will be decommissioned on March 13, 2026, as part of Ontario's consolidation of immunization

repositories into Panorama. Beginning in April, documentation of COVID-19 vaccines will transition to Panorama Guided Workflow (PGW). Non-public health organizations, including pharmacies, will use PGW to document vaccine administration and manage inventory.

Ontario Health and the Ministry of Health will oversee onboarding and PGW training for external organizations. However, the transition will have operational impacts for SWPH. In addition to their regular responsibilities, Vaccine Preventable Diseases program assistants have been updating organizational contacts, cleaning data within COVaxON, and validating records. Over the coming month, they will also work with community organizations to reconcile and confirm vaccine inventory to ensure accurate migration into PGW prior to the transition.

2.0 Facilities update (receive and file):

On January 28, 2026, a fire alarm was activated at the SWPH St. Thomas site due to a smoke detector located in the ductwork of a rooftop make-up air unit (MAU). The St. Thomas Fire Department responded and confirmed no evidence of smoke or fire. The MAU was restarted and initially operated normally; however, a second alarm from the same detector occurred shortly thereafter. The Fire Department returned and directed that the fire alarm system be placed in bypass to allow further investigation.

Due to the recurring alarms and out of an abundance of caution, we closed the the St. Thomas site for the remainder of January 28. Front line staff, leadership, the Board Chair, and the Board of Health were notified, along with clients and the public, through established communication channels. Most staff were able to work from home, and clinical services continued with minimal disruption.

As a precaution, operations resumed on January 29–30 with the fire alarm system in test/bypass mode during business hours, supported by manual fire watches. After hours, the MAU was shut down, and the fire system returned to normal operation.

SWPH's Life Safety service provider assessed the issue and recommended replacing the detector, which was likely affected by age or accumulated dust. The detector was replaced on February 2, 2026, and is now functioning normally, and no further issues have been identified.

3.0 Financial matters

3.1 Revised funding letter (receive and file):

On December 23, 2025, we received a revised 2025 funding letter (see attached), which included the following one-time funding amounts for the period of April 1, 2025, to March 31, 2026 (note there were no changes to mandatory programs):

- Capital - Renovation to the new office location – Woodstock Facility (100%) in the amount of $1,000,000.
- Public Health Inspector Practicum Program (100%) in the amount of $20,000.
- Covid-19: Vaccine Program (100%) in the amount of $246,800.
- MOH Compensation Initiative: 2023-24 Retroactive Lump Sum (100%) in the amount of $8,000.
- MOH Compensation Initiative: 2024-25 Retroactive Lump Sum (100%) in the amount of $30,300.

The COVID funding was neither requested nor anticipated as the Ministry had previously communicated that it would not be provided. We do have a mandatory COVID program for which we anticipate about half of the funds can be applied.

Motion: 2026-BOH-0226-5.2
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for February 26, 2026.

New Schedules to the
Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

(BOARD OF HEALTH FOR THE OXFORD ELGIN ST. THOMAS HEALTH UNIT)

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2025

Issued December 2025

Schedule A
Grants and Budget

Board of Health for the Oxford Elgin St. Thomas Health Unit

DETAILED BUDGET - MAXIMUM BASE FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF JANUARY 1ST TO DECEMBER 31ST)		
Programs / Sources of Funding	**Grant Details**	**2025 Grant ($)**
Mandatory Programs (Cost-Shared)	Per the March 20, 2025 Funding Letter, the 2025 Grant includes an annualized increase of $128,300 for the 2025 calendar year.	12,950,900
MOH / AMOH Compensation Initiative (100%)	Cash flow will be adjusted to reflect the actual status of Medical Officer of Health (MOH) and Associate MOH positions, based on an annual application process.	178,700
Ontario Seniors Dental Care Program (100%)	Funding to support comprehensive dental care to eligible low-income seniors.	1,061,100
Total Maximum Base Funds		**14,190,700**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF APRIL 1, 2025 TO MARCH 31, 2026, UNLESS OTHERWISE NOTED)		
Projects / Initiatives		**2025-26 One-Time Grant ($)**
Mandatory Programs: Capital – Renovation to new office location – Woodstock Facility (100%)		1,000,000
Mandatory Programs: Public Health Inspector Practicum Program (100%)		20,000
COVID-19 Vaccine Program (100%)		246,800
MOH/AMOH Compensation Initiative: 2023-24 Retroactive Lump Sum (100%) (for the period of April 1, 2023 to December 31, 2024)		8,000
MOH/AMOH Compensation Initiative: 2024-25 Retroactive Lump Sum (100%) (for the period of April 1, 2024 to March 31, 2025)(3)		30,300
Total Maximum One-Time Funds		**1,305,100**

Total Maximum Base and One-Time Funds(1)	**15,495,800**

NOTES:

(1) Cash flow will be adjusted when the Province provides a new Schedule "A".
(2) The timing of payments noted in this Schedule are subject to change.
(3) One-time funding is estimated and cash flow may differ based on review of 2025 applications for the Initiative.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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

Mandatory Programs: Harm Reduction Program Enhancement

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

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

<u>Local Opioid Response</u>

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

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

- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. Community stakeholders, including First Nations, Métis and Inuit communities and persons with lived experience, should be meaningfully engaged in the planning and implementation of all initiatives, where appropriate.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

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

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

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

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

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

Type of Funding	***Base Funding***

- Its use of naloxone is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with naloxone.
- The Province takes no responsibility for any unauthorized use of naloxone by the Board of Health or by its clients.
- The Board of Health also agrees to:
    - Not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
    - Comply with the terms and conditions as it relates to the use and administration of naloxone as specified in all applicable federal and provincial laws.
    - Provide training to persons who will be administering naloxone. 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 naloxone.
    - Follow all provincial written instructions relating to the proper use, administration, training and/or distribution of naloxone.
    - Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

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

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

- Surveillance systems should include a set of "real-time" qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community

partners, including people who use drugs, about changes in the acute, local risk level, to inform action.

Mandatory Programs: Healthy Smiles Ontario Program

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

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

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

Mandatory Programs: Nursing Positions

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

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

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

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

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

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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

- The position is required to be to be a Registered Nurse; and,
- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario

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

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

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

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

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

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

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the Policy Framework on Medical Officer of Health

Type of Funding	***Base Funding***

Appointments, Reporting, and Compensation, including requirements related to minimum salaries to be eligible for funding under this Initiative.

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides free, routine dental services for low-income seniors who are 65 years of age or older. It provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors.

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure. The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres.

Program Enrolment

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

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

Program Delivery

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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

Where OSDCP client service access issues exist, as evidenced by waiting lists, for example, the Board of Health must take prompt action as feasible to establish OSDCP partnership agreements to address these access issues, including engaging in outreach and consultation with local dental providers and in compliance with the Board of Health or municipal procurement processes.

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

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019.

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

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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

Operational expenses that are not eligible under this Program include:

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

<u>Other Requirements</u>

Marketing

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

Revenue

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

Community Partners

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***

Mandatory Programs: Capital – Renovation to new office location – Woodstock Facility (100%)

One-time funding must be used for office improvements to the Woodstock facility to support the consolidation of public health unit operations. Eligible costs include architectural and engineering services, building permit fees, construction costs and project administration expenses.

Other requirements of this one-time funding include:

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

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

The Public Health Inspector (PHI) practicum placements support the delivery of front-line inspections across many program areas including food safety, drinking water, recreational water, infection prevention, vector-borne control, and rabies investigations.

Practicum placements are essential during peak demand (i.e., summer months) where there are higher public health risks. The higher inspection volumes (e.g., outdoor food events, outdoor pools, rabies investigations, West Nile virus, tick surveillance) can require additional inspection support.

The practicum program is also essential to ensure there is supply of appropriately trained Public Health Inspectors in the province and aligns with ongoing Health Human Resources (HHR) initiatives in Ontario.

One-time funding must be used to hire at least one (1) or more 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.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***One-Time***

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

COVID-19 Vaccine Program (100%)

One-time funding must be used to support the Board of Health's fall respiratory virus season response activities including vaccine administration for high-risk individuals for the COVID-19 Vaccine Program and population that may encounter barriers accessing vaccines through other channels (e.g., pharmacies, primary care, etc.).

Eligible costs include:

- Staffing – salaries and benefits, inclusive of overtime, for existing staff or new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, human resources, legal, communications, etc.). Activities include administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/vaccine clinics, if necessary.
- Travel and Accommodation – for staff delivering COVID-19 Vaccine Program services away from their home office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.
- Supplies and Equipment – supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers, etc.), small equipment and consumable supplies (including personal protective equipment), supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.), information and information technology upgrades related to tracking COVID-19 immunization not already provided by the Province.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting COVID-19 data related to the Vaccine Program to the Province from centres in the community that are not operated by the Board of Health or increased services required to meet reporting demands, outside legal services, and additional premises leased or rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19 immunization outreach.
- Other Operating – recruitment activities, staff training.

Type of Funding	***One-Time***

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a Public Health Unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost, including lost revenue claimed by another organization and/or third party.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.
- Costs associated with municipal by-law enforcement.
- Electronic Medical Record systems.

The Board of Health is required to track COVID-19 spending separately and retain records of COVID-19 spending. Unspent funds are subject to recovery in accordance with the Ministry's year-end reconciliation policy.

MOH / AMOH Compensation Initiative (100%)

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

Type of Funding	***One-Time***

used to support other physicians or staffing costs. One-time funding must be used to address one-time funding as per Schedule A of the Agreement.

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

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Other***

Infectious Diseases Programs Reimbursement

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

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

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

Leprosy

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

Tuberculosis

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

Vaccine Programs Reimbursement

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

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

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Other***

Influenza

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

Meningococcal

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

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

Human Papillomavirus (HPV)

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

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		
Q2 Standards Activity Report	For Q1 and 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	As directed by the Province
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 October 1st and ending on the following December 31st.

Report Details

Annual Service Plan and Budget Submission

- 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 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.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the 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.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

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; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application to participate in this Initiative and be considered for funding.
- Supporting documentation such as employment contracts must be provided by the Board of Health, as requested by the Province.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

SCHEDULE D

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.

Examples of potential controls to support this objective include, but are not limited to:

- Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
- Define approval limits to authorize appropriate individuals to perform appropriate activities.
- Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
- An authorized chart of accounts.
- All accounts reconciled on a regular and timely basis.
- Access to accounts is appropriately restricted.
- Regular comparison of budgeted versus actual dollar spending and variance analysis.
- Exception reports and the timeliness to clear transactions.
- Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.
- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.

Examples of potential controls include, but are not limited to:

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

Accessible Document