

**Annual Service Plan 2020 Submission to the Ministry of Health  
Leeds, Grenville and Lanark District Health Unit  
February 28, 2020**

**PROGRAM STANDARD: CHRONIC DISEASE & WELL-BEING**

**Program Name: Ontario Seniors Dental Care Program**

1. Provide clinical services to OSDCP eligible clients

In partnership with Rideau Community Health Services, OSDCP clients will be provided treatment through one of our dental clinic locations (Smiths Falls, Lanark and soon to be Westport and Brockville). We expect to be able to provide treatment for eligible clients within a reasonable time frame. Waiting periods will decrease as our new sites become operational. We are anticipating 500 clients to be served in the first year.

2. Oral health navigation for OSDCP eligible clients

Provide information about the OSDCP to potential clients and health care providers, support enrollment process for clients, assist OSDCP clients in accessing treatment sites for the program.

**Program Name: Menu Labelling**

Inspections of food premises to ensure all menus are in compliance with the Menu Labelling Act and regulations.

**Program Name: Non-Mandatory Oral Health Programs - Adults**

We will apply to the United Way of Leeds and Grenville - The Health Unit is able to provide up to \$300 to each eligible client (up to 60 low income adults, without insurance in pain and/or has an infection) to access dental care from a local provider while funding lasts to improve the oral health status of low income adults that are in pain and /or have infection who cannot afford dental care.

**Program Name: Healthy Active Living**

1. Active Transportation

- Work on Walking School Bus Projects in North Grenville and Almonte to create a safe organized option for students and volunteers to participate in walking to school, as well as to increase awareness of the benefits of increased physical activity through active transportation, increase number of students using active transportation methods to get to and from school and increase social connectedness.
- Work with Municipal Active Transportation Committees to:
  - Develop Active Transportation Plans and committees within individual Municipalities
  - Promote infrastructure improvements to support increased active transportation
  - Achieve or update Bike Friendly or Walk Friendly status
- Work with Eastern Ontario Active Transportation Network to:
  - Liaise with active transportation advisory committees, provincial groups
  - Build collective capacity
  - Mobilize support for active transportation
  - Share resources and information
  - Advocate to ensure needs of region considered at provincial and federal levels
  - Work with municipalities to support Active Transportation work through resources and display and presentation materials for a variety of key populations

2. Rural Recreation Association

- Support the Rural Recreation Association with municipal recreation departments and physical activity and recreation organizations to:

- Provide opportunities to share information, education opportunities and resources
- Provide policy-building and capacity-building opportunities that address specific needs and concerns within the local region
- Plan and host the annual Recreation Summit
- Seek support and develop linkages to professional and provincial organizations

3. Education & Information to Community

- Include information on regular physical activity and its benefits on Webpage, through social media, presentations and/or training to community partners and members on specific topics
- Develop and promote materials for parents/caregivers/families to encourage more time outdoors and in nature (e.g., Nature4Life), through social media, group presentations, individual visits and website.
- Promote materials to reduce sedentary time through Website, social media, presentations and/or training to community partners.

**Program Name: Healthy Eating**

1. Education and Information to Community

- Provide information on the Website and through social and regular media on the benefits of healthy eating.
- Presentations and/or training to community as part of comprehensive health promotion strategy for healthy eating.

2. Access to Health Food

- Continue with the Nutritious Food Basket (NFB) costing program and communicate results of the cost of NFB as it relates to housing and income through media campaign (social, print, radio, TV media, presentations, web).
- Support advocacy actions to reduce poverty.
- Support recreation facilities in creating healthier nutrition environments through consultations and recommendations in municipal plans.

3. Community Coalitions

- foodcore LGL – oversees adoption of the Food Charter for the United Counties of Leeds and Grenville, and the County of Lanark, increases awareness of local food assets, increases awareness of how Food Charter principles can be applied in schools, municipalities and with the general public, and increases awareness of the effects of climate change.
- Support Food Matters, a coalition that works to increase the knowledge and practical skills to grow, prepare and store food.
- Support the Gananoque and Area Food Access Network (G&AFAN) to:
  - increase food literacy opportunities through the development of a community kitchen, and
  - increase access to healthy food through engagement of community partners, policy-makers, and the public
- Smiths Falls Food Security Workgroup.

**Program Name: Health Bodies Healthy Minds**

1. Information/Education

- Review internal resources for Compliance with Healthy Bodies, Healthy Minds Position Statement and increase awareness of weight bias and stigmatization with staff through training and materials.
- Provide training to Partners re: reducing weight bias and stigmatization through increased awareness of impacts of weight bias and stigmatization in the workplace and in dealing with clients.
- Use of the website and Social Media to increase public awareness of the impacts of weight bias and stigmatization.

**PROGRAM STANDARD: HEALTHY GROWTH & DEVELOPMENT**

**Program Name: Non-Mandatory Oral Health Programs-Children**

1. Fluoride Varnish for Non-HSO Enrolled Children
  - 70% of our population does not have access to municipal fluoridated water.
  - Provide a universal school based fluoride varnish program for all JK students and a home based program for those in Healthy Babies Health Children. This consists of two applications over the year. Parents are asked to identify if they wish to participate.

**Program Name: Parenting Support**

1. Baby Talk
  - The goal of Baby Talk and Play and Learn groups is to enable all children to attain and sustain optimal health and developmental potential.
  - We deliver this program in partnership with the Ontario Early Years Centres (Early ON Centres) in 8 locations throughout LGL.
  - Parents can attend weekly with their babies to receive parenting support and education, from the Registered Early Childhood Educator (RECE) and the Public Health Nurse biweekly.
  - Activities to promote attachment and child development are delivered by the RECE and then the Public Health Nurse gives teaching on a topic, based on input from/need of the group.
  - There is an opportunity to have one on one discussions with the nurse and have questions on a variety of health topics answered.
2. Breastfeeding Clinic
  - Infant Feeding/Breastfeeding clinics are offered 1-2x/week or by appointment (determined by the need in each location) in 7 locations across LGL.
  - A Public Health Nurse who is trained to provide expert breastfeeding support can help new mothers with any infant feeding questions they may have.
  - With 4 IBCLC certified lactation consultants on staff and a dietitian dedicated to healthy growth and development, Public Health Nurses can refer to more in-depth support as needed.
3. Triple P
  - The Triple P (Positive Parenting Program) is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research.
  - Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior, and prevent problems developing.
  - Triple P is currently used in more than 25 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.
  - Triple P is delivered at the population level, with parenting education for all parents through media, and at various other levels from a simple tip sheet to answer a basic question to one on one and group sessions targeting the client's needs.
4. Provide information re: Health Growth & Development
  - A variety of information is available on our website.
  - An e-mail-out package is provided to all new parents when they take their baby home from the hospital.
  - Another e-mail out package is sent at 15/18 months of age.
  - Ongoing information is provided through Social Media.
  - Nutri-Step Screens are distributed through HU and partner programs to assess nutrition and provide information to parents of preschoolers.
  - A suite of NCAST programs, (NCAST is a leader in the development and dissemination of research based programs to promote nurturing environments for young children) is available to help parents learn how to provide nurturing environments/relationships with their infants/children.
  - Advice and Information is provided in a variety of other forms of interactions such as presentations, phone advice, and one on one interactions, etc. using approved resources and guidance documents that ensure consistent and high quality information and practice.

5. Baby Friendly Initiative (BFI)

- The Baby-Friendly Initiative is a global campaign to promote, protect, and support breastfeeding all around the world.
- Through the BFI, all parents receive accurate and unbiased information and support to enable them to make informed decisions about infant feeding. All mothers and babies are supported to safely feed their baby, regardless of their feeding method. By empowering parents with more information and support, parents will feel more confident to breastfeed.

**Program Name: Community Collaboration**

**Interventions:**

1. Early Years Service Providers Network

- The Health Unit actively participates on the two community planning tables consisting of all services providers for children and families plus representation from school boards, daycares, and Ministry of Education and Ministry of Children, Community and Social Services.
- The early years service provider networks were formerly known as the Best Start Networks and were the lead planning tables of Lanark and Leeds & Grenville.
- This is the forum for the collaborative planning that happens between agencies. The relationships that have been developed and the level of collaboration are very extensive in relation to other areas of the province.
- These groups work to provide interventions at the community level to improve healthy growth and development outcomes
  - Targeted interventions to support the most vulnerable areas of child development as per the EDI (Early Development Instrument)
  - Multi-agency social media activities to support growth and development
  - Updating the referral pathway so that primary care and other partners know where to refer to for concerns within our community
  - Joint projects like “Read to Every Kid” to promote literacy
  - Project to support transportation
  - Collaborative working groups to support the 18 month enhanced well baby visit, Developmental Screening and the early learning program, as well as special needs and French language services

2. BPSO – Perinatal Mood Disorder

- Public health nurses will work with partners to implement the Registered Nurses Association of Ontario (RNAO) Best Practice Guideline (BPG) for Assessment and Intervention for Perinatal Depression in their interaction with families in all the above listed forums.
- The purpose of this BPG is to present evidence-based recommendations for nurses and the inter-professional team across all care settings to enhance the quality of their practices to support the reduced incidence of perinatal depression through the implementation of five components of care: routine screening, assessment, prevention, coordinated interventions, and evaluation.
- In this BPG, perinatal depression refers to a mood disorder occurring during pregnancy and postpartum, up to one year following childbirth.
- By the end of 2020, the work to implement this guideline will be complete and transfer to sustainability mode.

3. Triple P Working Groups

- The Health Unit is the Lead Agency for Triple P Working Groups in Lanark, and in Leeds & Grenville. These groups consist of all Triple P providing agencies in the 2 regions, and they lead the implementation of the Triple P Community Plans for a) Lanark and b) Leeds and Grenville.
  - The Working Groups identify the gaps in service for Triple P across the entire community as a whole, and planned expansion of the Triple P program to include PECE which is for Registered ECE’s in daycares.

**Program Name: Prenatal Information & Education**

1. Prenatal Education – Online and In person

Universal prenatal education – Prenatal classes are offered in two ways:

- In-Person – 20 Prenatal class series, consisting of three sessions per series, will be held in seven locations throughout LGL in 2020. These sessions teach pregnant women and their support person(s) about how to take care of themselves and their baby during pregnancy and after delivery, options for medical care and strategies to use during labor and delivery, how to feed their baby, and more, and also connects them with local hospitals for a tour. We also connect them with other local services and supports and services to meet their needs (i.e. financial, housing, labs, birth companions, etc.). In 2020 a new format will be adapted for use and implemented.
- Online – Online prenatal classes provide an alternative option to in class sessions for those who have transportation concerns, shift/evening workers, or those who prefer not to attend groups, covering the same content, but through use of an online access code. Follow up by phone from a public health nurse ensures that they have the opportunity to ask questions and be connected to other programs and services if that is needed.

2. Prenatal Education for Young Parents

- A modified version of prenatal classes for teens, adapted for their optimal learning (based on teen-pregnancy data and evidence to support an alternate approach with this population), is delivered through in person sessions.
- This is done primarily in partnership with the Connections Program and the Canadian Prenatal Nutrition Program which is described below. These groups take place in 3 locations on an ongoing basis across LGL, and can be delivered through home visiting within the Healthy Babies Healthy Children Program as well.

3. CPNP – Canadian Prenatal Nutrition Program

- The Canada Prenatal Nutrition Program (CPNP) is a community-based program that provides support to improve the health and well-being of pregnant women and new mothers and babies facing challenging life circumstances.
- The goals of CPNP are to improve maternal-infant health, increase the rates of healthy birth weights, and to promote and support breastfeeding.
- The program also aims to promote the creation of partnerships within communities and strengthen community capacity to increase support for vulnerable pregnant women and new mothers. LGLDHU partners with Lanark Community Programs (host agency) to deliver this intervention.
- Participants receive food vouchers and prenatal vitamins (funded through Federal Government through Connections Program). Connections Program hosts weekly groups in 3 locations and through PHN outreach. A Public Health Nurse attends, to provide support and information, to deliver the Young Parents Prenatal Education program, and to assess risk and needs and help clients access the supports and services they may need. Also an outreach branch of the program supports those unable to attend group sessions.

**PROGRAM STANDARD: IMMUNIZATION**

**Program Name: Community Based Immunization Outreach (excluding vaccine administration)**

1. Knowledge Exchange with Health Care Providers

- Provide timely information to HCPs to equip them with the knowledge to deliver their immunization services according to the current publicly funded immunization schedule.

2. Public Education & Awareness Raising

- Provide information on vaccine safety, efficacy, and risks to the public through Immunization Week activities, website, social media and media in order to keep them well informed with accurate and reliable information.

<b>Program Name: Immunization Monitoring &amp; Surveillance</b>
<ol style="list-style-type: none"> <li>1. Data Entry &amp; Management of Clinics <ul style="list-style-type: none"> <li>• Data created in all clinics will be entered and managed according to Panorama Best Practice Guidelines. This will ensure monitoring and reporting will be as accurate as possible.</li> </ul> </li> <li>2. AEFI Monitoring <ul style="list-style-type: none"> <li>• Promote the reporting of and conduct case management of all reported adverse events following immunizations. Promotion will be done through website and communiques. AEFIs, will be managed as per the direction from Public Health Ontario and the Infectious Disease Protocol, 2018.</li> </ul> </li> <li>3. Vaccine Preventable Disease Outbreak Management <ul style="list-style-type: none"> <li>• Conduct surveillance on vaccine preventable disease in the community and maintain a community wide mass immunization plan in case of an outbreak.</li> </ul> </li> </ol>
<b>Program Name: Vaccine Administration</b>
<ol style="list-style-type: none"> <li>1. Health Unit Immunization Clinics <ul style="list-style-type: none"> <li>• Provide publicly funded vaccines through our health unit clinics (School Catch Up, and Routine (when access to a local HCP is an issue).</li> </ul> </li> <li>2. School Based Immunization Clinics <ul style="list-style-type: none"> <li>• Provide the Men C, HPV and Hep B vaccine to grade 7 students throughout LGL.</li> </ul> </li> <li>3. High Risk Outreach Immunization Clinics <ul style="list-style-type: none"> <li>• Provide publicly funded vaccines to priority populations through our High Risk Immunization Clinics (Sexual Health Clinics, Methadone Clinics, Mobile Unit and Smart Works Program).</li> </ul> </li> </ol>
<b>Program Name: Vaccine Management</b>
<ol style="list-style-type: none"> <li>1. Inventory Management &amp; Vaccine Distribution to HCP's <ul style="list-style-type: none"> <li>• Provide publicly funded vaccine to all eligible health care providers in Leeds, Grenville and Lanark and monitor usage and wastage as per the Vaccine Storage and Handling Protocol, 2018.</li> </ul> </li> <li>2. Adverse Storage Condition Monitoring &amp; Management <ul style="list-style-type: none"> <li>• Provide education, conduct inspections and follow up on all adverse storage incidences that occur in Leeds, Grenville and Lanark as per the Vaccine Storage and Handling Protocol, 2018.</li> </ul> </li> </ol>
<b>PROGRAM STANDARD: INFECTIOUS &amp; COMMUNICABLE DISEASES PREVENTION &amp; CONTROL</b>
<b>Program Name: Vector-Borne Diseases Program</b>
<ul style="list-style-type: none"> <li>• Vector-borne disease prevention remains a high priority for our communities as we are an endemic area for Lyme disease as the black-legged tick is well established in our Health Unit. Mosquito borne disease such as West Nile Virus and Eastern Equine Encephalitis also are a threat to our communities as several of the vector species have been identified in our Health Unit.</li> <li>• The following vector-borne disease prevention strategies are implemented by our Health Unit: <ul style="list-style-type: none"> <li>○ Active vector surveillance i.e. mosquito trapping and tick dragging</li> <li>○ Human case surveillance</li> </ul> </li> </ul>

**Program Name: Information & Education**

1. Health Care Providers (HCP)

- Interventions will include providing HCP surveillance data and when possible epidemiological analysis of trends as it relates to infectious and communicable disease prevention and control.
- HCP will be provided support in the identification and management of infectious and communicable diseases of public health importance including reportable diseases, their associated risk factors and emerging trends.
  - Notices from Medical Officer of Health on urgent issues
  - Ongoing availability for consultation at the local and regional level
  - Maintenance of a health professional website that includes resources to support the identification and management of infectious and communicable diseases
  - Support to health professionals for infection prevention and control in the clinical office setting

2. Public

- Provide public education on infection prevention and control measures, including but not limited to respiratory etiquette and hand hygiene, and other relevant issues. The communication plan includes the use of HU website, media campaigns/social media, and the availability for consultation.

3. Premise Operators

- Information to Personal Service Setting Operators on infection prevention and control.

**Program Name: Outbreak & Case Management**

1. Outbreak Management

- Providing education/training, support and resources to assist in the identification and management of a confirmed or suspected institutional outbreak of infectious disease of public health importance within hospitals, long-term care and retirement homes, and schools.

2. Case Management

- Monitoring for and management of case and contacts of infectious disease of public health concern in accordance with the appropriate MOHLTC Appendix A protocol. Case management includes determination of the source of disease when possible, risk factors, exposures and the provision of disease prevention, counseling, facilitation of chemoprophylaxis, immunization or immune-globulin and or advice to seek medical care and submission of clinical specimens. Contact identification, tracing and notification as appropriate and management which may include those interventions similar to case management.

**Program Name: Infection Control Lapse**

1. Follow up on infection prevention and control complaints from the public.

- A risk assessment will be completed utilizing regulation, Appendix A and best practice within 24 hours of receiving complaint. Findings from assessment will assist in identifying if appropriate IPAC practices are in place, extent to which practices are adhered to and identify if an IPAC lapse has occurred.
- If a lapse is identified the HU will identify that appropriate IPAC procedures are in place in accordance with best practices, provide education to ensure adherence, order corrective action if necessary, if needed develop a risk communication strategy for notification of identified cases, and conduct reinspection to ensure corrective action has been taken.
- MOH and/or designates review investigative materials to determine whether an IPAC lapse would result in infectious diseases transmission.

2. Assisting in policy development, establish/review processes related to infection prevention and control.
3. Developing/supporting training and education, development of resources, materials, tools on infection prevention and control practices for use in the community.

**Program Name: Rabies**

1. Prevention of human exposure to rabies virus
  - Follow up of animal exposures i.e. bite, scratch.
  - Provision of Post Exposure Prophylaxis (PEP) to client based on a risk assessment.
  - Coordinate low cost rabies clients in partnership with local Vets.
  - Bite prevention media campaigns.
  - Enforcement of rabies vaccination for pets.
  - Communication with Health Care Providers, Vets, Police, Municipalities regarding the obligation to report animal exposures.
2. Low cost rabies vaccination clinic for pets increased vaccination levels (herd immunity) by reducing cost barriers for pet owners that cannot afford veterinary services.

**Program Name: Inspection of Premises**

- Routine inspections of Personal Service Settings and Childcare Settings which are based on regulation and OPHS protocols. The priority of the inspection is on infection prevention and control practices. Public Health Ontario has released updated infection prevention and control best practice guidelines for PSS that will require inspectors to provide additional education and possibly training to assist service settings.
- Inspect institutional food premises.

**Program Name: Sexual Health Services**

1. Provide Sexual Health Clinic Services
  - Provide testing and treatment for STIs to clients without access to a primary care provider. Weekly clinics by Public Health Nurses in communities throughout LGL are provided.
    - Provide education to prevent and control STBBI (Sexually Transmitted and Blood-borne Infections)
    - Promote healthy sexuality and safer sexual practices for the priority population, cases and contacts
    - Screening, monitoring, diagnosis, treatment and counseling of cases and contacts to prevent the acquisition of new STBBIs and reduce the risk of onward transmission. This includes providing STI-related vaccines according to provincial eligibility criteria.
2. Collaborate with healthcare providers to create supportive environments to promote healthy sexual practices and access to sexual health services.
  - Collaborate regarding case/contact notification strategies, education and follow up counselling.
  - Distribute publicly funded drugs for treatment of STI to healthcare providers who manage patients with STIs.

**Program Name: Incident Management: Emerging Infectious Diseases**

1. Identify and Respond to Emerging Diseases
  - Coordinate effective, timely response to reduce negative impact within our community.
  - Redirect Health Unit resources and personnel to effectively manage limited resources and provide time critical services.
  - Provide information and resources to hospitals and health care providers to respond to emerging infections.
  - Provide case contact management.
  - Provide public information – website, social media, and regular media.



**PROGRAM STANDARD: FOOD SAFETY**

**Program Name: Surveillance & Monitoring**

- Monitor and report diseases that relate to food through the reportable disease database iPHIS.
- Epidemiological assessment of cases.
- Monitoring syndromic surveillance from hospital emergency department visits.
- Follow up on complaints of potential food borne illness.

**Program Name: Information & Education**

1. Premises Operators
  - Consultation and education during inspections of food premises.
  - Facilitating Food Handler Certification Courses.
  - Food safety presentation or training developed to meet the needs of client's i.e. Priority population/shelters/community groups.
2. Public
  - Provide information to the public through social media, website, media reports, interviews and consultation.
  - Provide safe food handler information for the general public.
  - Each food premises (home based, special events, commercial, caterers and other) has a sign posted to direct customers to our HU for inspection information. The HU website "Insight" allows the public and operators to easily access inspections, reinspections, complaints and enforcement details. The customer may also call the HU to obtain an inspection report. On an annual basis we review the number of inquiries via inspection report requests, website analytics and public feedback about our disclosure system.

**Program Name: Inspection**

- Risk assessment of all food premises.
- Application of the food premises regulations including inspection and re-inspection.
- Sampling and testing.
- Enforcement- orders, tickets, etc.

**Program Name: Incident Response**

1. Incidents affecting food safety
  - Investigate food related incidence
  - Following up cases of food borne illness and contact tracing
  - Education, enforcement, closure orders
  - Response to complaints, and risk with food transportation, flood, and fires
2. Food Recalls
  - Unsafe food products are immediately removed to prevent consumption and/access by vulnerable populations

**PROGRAM STANDARD: SAFE WATER**

**Program Name: Small Drinking Water Systems**

- Risk assessment of small drinking water systems as per risk assessment frequency.
- Monitor sampling as per directive.
- Provide education to operators.
- Enforcement activities including warning letters, tickets, orders.

**Program Name: Surveillance & Monitoring**

- Analysis of iPHIS exposures/ reports of water linked diseases.
- Analysis of beach water results.
- Review Ministry of Environment and Climate Change drinking water inspection reports.
- Monitoring LRMA.

**Program Name: Information & Education**

- Provide public information on safe water practices, and well water testing and response.
- Provide access to private well water sampling bottles and drop off points around the region.
- Provide advice to well owners on website and by consultation on analysis of well water results.

**Program Name: Inspections**

**Interventions:**

1. Recreational Water Facilities
2. Beaches

**Program Name: Response to Adverse Water Events**

**Interventions:**

1. Boil Water Order/Advisory

**PROGRAM STANDARD: SCHOOL HEALTH-ORAL HEALTH**

**Program Name: Healthy Smiles Ontario Program (HSO)**

**Interventions:**

1. Provide Clinical Services to HSO Eligible Children
  - Provide HSO services to eligible children through public health dental clinics.
2. Oral Health Navigation for HSO Eligible Children
  - Facilitate and support clients through the HSO application process and obtaining services through local dental offices or through our public health dental clinics.
  - Promote the HSO program to all children and youth 0-17 years of age.

**Program Name: Oral Health Surveillance & Monitoring**

1. Oral Health School & Community Screening
  - Ascertain the oral health status of children attend JK/SK and grade 2 throughout Leeds, Grenville and Lanark by conducting and reporting on oral screening in schools throughout Leeds, Grenville and Lanark.

\*As per the Oral Health Protocol, 2019 & the Population Health Assessment and Surveillance Protocol, 2018

**PROGRAM STANDARD - SCHOOL HEALTH - VISION**

1. School Vision Screening
  - Conduct school based vision screening as per the Child Visual Health and Vision Screening Protocol, 2018.
  - Provide information to parents on the results of screening and suggested follow-up.

**PROGRAM STANDARD – SCHOOL HEALTH - IMMUNIZATION**

**Program Name: Immunization for Children in Schools & Licensed Child Care Settings**

1. Daycare Immunization Record Assessment
  - Receive, assess and maintain records for children attending a licensed daycare establishment in our area. Promote the online reporting tool to ensure timely receipt of immunization records.
2. Immunization School Pupils Record Assessment
  - Receive, assess and maintain records for children attending all schools in our area. Promote the online reporting tool to ensure timely receipt of immunization records.

**Program Name: Awareness & Education**

- Provide information to parents & students regarding vaccine safety, efficacy and risks.
- Information will be shared through our website, radio, classroom and school support resources, social media, letters and announcements. Topics will include pertinent information on the vaccines outlined in the current public funded vaccine schedule.

**PROGRAM STANDARD – SCHOOL - OTHER**

1. Work with local schools to address topics of mandate and need
  - Elementary Schools mainly focus on Healthy Eating, Physical Activity and Active Transportation.
  - High Schools mainly focus on mental health promotion and risky behaviours.
  - School team is made up of school nurses that both provide services to the school, but each are also designated as a knowledge broker for each topic area listed in the standard. A Public Health Nutritionists provides support for nutrition and supportive environments.
2. Youth Engagement
  - Build on initiatives that promote youth health and raise the profile of youth related issues in our agency and communities such as making our Youth Strategy Framework for LGL available to partners and encouraging youth engagement principles in our work and the work of community partners.
  - Work with municipal and community partners to provide youth engagement training, facilitate youth engagement and encourage youth involvement in community development.

**PROGRAM STANDARD: SUBSTANCE USE AND INJURY PREVENTION**

**Program Name: Smoke Free Ontario**

Protection and Enforcement

1. Conduct inspections at retail stores selling tobacco
  - Conduct mandatory inspections – seasonal and non- seasonal vendors.
  - Conduct mandatory annual tobacco and vapour vendor display and promotion inspections.
  - Conduct mandatory annual inspections of schools.
  - Conduct inspections of controlled smoking areas.

- Conduct complaint-based inspections for bars and restaurants, hospitals, workspaces and public spaces.
2. Education to the Public
    - Provide information via media, social media to increase awareness of the risks of tobacco and vapour products.
  3. Training of PHU staff
    - Participate in training to keep up to date with ministry mandates and to meet regional needs.
  4. Database Management
    - Synchronize TIS data within 24 hrs of inspection.
    - Conduct data verification for TIS data.
    - Maintain vendor database.
    - Maintain inspector database.
    - Record percent of inspectors with foundations training.
  5. Collaborative Enforcement Activities
    - Participate in joint sessions with police, by-law enforcement, Ministry of Finance, Fire Prevention officer etc. to improve collaboration on enforcement opportunities and issues.
  6. Prosecution
    - Participate in joint sessions with police, by-law enforcement, Ministry of Finance, Fire Prevention officer etc. to improve collaboration on enforcement opportunities and issues.
    - Legal prosecution of owners contravening the Act.
  7. Tobacco Control Coordination
    - Participate in Tobacco Control Area Network (TCAN) meetings - Attend TCAN meetings and share information among community partners.
    - Participate in TCAN initiatives.
    - Information and Education - Public information and education using media, social media, website, presentations to interested groups.
    - Training sessions to health care providers on smoking cessation.
  8. Youth Tobacco Use Prevention
    - Policy Development - Recruit and work with community partners to develop tobacco free policies within region.
    - Education - Work with youth to increase accurate knowledge among youth and young adults regarding harm of tobacco and vape products. Work with youth influencers and service providers to help increase resiliency/protective factors to reduce substance use.

**Program Name: Smart Works**

1. Harm Reduction Program Enhancement
2. Smart Works NSP
3. Harm Reduction Outreach
4. Harm Reduction Community Activities

**Program Name: Comprehensive Tobacco Control**

1. Cessation
  - Promote provincial and regional cessation activities to LGL residents through media and social media.
  - Provide smoking cessation sessions to priority residents with NRT (Nicotine Replacement Therapy).
  - Train staff to provide smoking cessation counseling.

**Program Name: Substance Use Information & Education**

1. Information and Health Education on Cannabis using Canada’s Lower-Risk Cannabis Use Guidelines
  - Promote Canada’s Lower Risk Cannabis Use Guidelines through presentations, community events, radio, print and social media and individual/client interactions when appropriate.
  - Support legislation requirements as directed.
2. Information & Health Education on Alcohol using Canada’s Lower-Risk Alcohol Use Guidelines
  - Promote Canada’s Alcohol Low Risk Drinking Guidelines through presentations, community events, radio, print and social media.

**Program Name: Substance Use Community Collaboration**

1. Municipal Drug Strategy
  - Work with municipalities to implement their Municipal Drug Strategies.
  - Promote awareness of risks using substances (e.g., alcohol, cannabis, opioids).
  - Provide opportunities to share information, education opportunities and resources.
2. Substance Related Community & Provincial Collaborations
  - Provide policy-building and capacity-building opportunities that address specific needs and concerns within the local region.
  - Seek support and develop linkages to professional and provincial organizations.
  - Identify and strengthen community protective factors for mental health. Use strategies that foster supportive, respectful environments.

**Program Name: Injury Prevention**

1. Falls Prevention
  - Promote awareness of falls prevention in older adults through presentations, community events, radio, print and social media.
  - Use mental health promotion strategies by assisting individuals to identify and strengthen protective factors.
  - Continue to partner with local agencies for falls prevention and supportive environment messaging and education.
2. Road/Off-Road Safety
  - Promote awareness of road /off- road safety through presentations, community events, radio, print, social media and signage.
  - Promote awareness of cannabis use and driving safety.
  - Work with municipalities and community stakeholders to promote road/off- road safety for vulnerable road users (e.g., pedestrians, cyclists) through municipal planning and policies.

**PROGRAM STANDARD – HEALTHY ENVIRONMENT**

**Program Name: Surveillance & Monitoring**

**Interventions:**

1. Track environmental health conditions in Leeds, Grenville and Lanark
  - Incidents related to contamination in the environment (air, water, soil) Chemical (CBRN) contamination.
  - Blue green algae in surface water.
  - Extreme weather alerts (heat, cold, air quality).
  - Extreme weather events (flooding, drought, high winds).

**Program Name: Information & Education**

1. Public Information

- Provide information to raise awareness of health risks associated with hazards in the environment, including the effects of climate change and radon.
- Provide strategies to reduce health hazard exposures allowing citizens to make informed decisions to protect their health.
- Provide information to municipalities so they can develop approaches for promoting:
  - healthy built and natural environments
  - mitigating and adapting to the effects of climate change
  - reducing environmental health risks

2. Operators Information and Education

- Provide information to operators of premises to raise awareness of their regulatory requirements and best practices with the goal of reducing health risk relating to their operation i.e. arenas, recreational camps.

**Program: Inspections**

- Conduct a minimum of one environmental inspection per year for all recreational camps, homes for special care, boarding/lodging homes.
- Respond to complaints about other facilities with public access i.e. arenas, gyms.
- Respond to complaints about Group Homes.

**Program Name: Incident Response**

- Timely response to the notification of an incident, to effectively assess risks that may impact the public's health (within 24 hours 7 days per week).
- Risk assessment of health hazards and implementation of strategies to reduce exposure to health hazards.
- Consultation with MECP, public, operators, municipalities, other agencies as needed.
- Section 13 Closure orders as needed, and Drinking Water Advisories.
- Public information on personal protection and mitigation strategies to minimize exposure and the impact of the incident.

**Program Name: Natural & Built Environment**

**Interventions:**

1. Policy Development

- Work proactively with municipalities to develop policies and programs that contribute to the enhancement of the natural and built environment in ways that will promote the health of the population.
- Finalize LGL Official Plan review tool and process.
- Educate staff on Official Plan Review Process.
- Work with municipalities as they review their Official Plans and other secondary plans to aid in developing healthy public policy that promotes healthy environments.
- Consult municipalities on process and request feedback to amend review process as needed.

**FOUNDATIONAL STANDARDS**

**Foundational Standard: Population Health Assessment**

- The Epidemiologist will respond to Population Health Assessment requests and conduct detailed analyses driven by local priorities and emerging issues. The use of tools such as Instant Atlas, Tableau, and GIS analysis will be used to report data spatially, to assist in identifying priority populations and for sharing local data.
- The Epidemiologist will also monitor and report on syndromic surveillance data, iPHIS data, narcotic/opioid data, tick-related data, and support food-borne outbreak analysis as needed.

- The Health Unit will participate in the over-sampling of the OSDUHS (Ontario Student Drug Use and Health Survey).
- Assessment reports will be done on the following topics: climate change, substance use and injuries, seniors, breastfeeding initiation and duration, and land control.
- Health Unit staff will participate in sharing knowledge exchange products developed by relevant Locally Driven Collaborative Projects (LDCP) previously funded by Public Health Ontario, including the Continuous Quality Improvement LDCP; and will participate in the utilization of educational and supporting resources that resulted from the former Learning Laboratory for Chronic Disease Prevention Evaluation project.
- The Epidemiologist and Foundational Standards PHN Coordinator will support and/or mentor students doing MPH practicums and research related activities at the Health Unit.
- The Epidemiologist will collaborate with other Health Units on joint projects including: Public Health Unit data and analytic collaboration group and Canadian Community Health Survey health equity stratifier project (working on creating a set of standardized health equity indicators for public health (Kingston, Frontenac, Lennox & Addington Public Health, Hastings Prince Edward Public Health and our Health Unit).
- The Epidemiologist and Foundational Standards PHN Coordinator will support community partnerships as needed in providing population health data and support program evaluations of joint initiatives.

**Foundational Standard: Health Equity**

To embed a health equity lens throughout all programs and services, the Health Unit will update existing health equity tools and identify additional tools to reflect the OPHS. Health Equity tools will be integrated into Health Unit planning processes, including program planning, communication planning, and social media planning. Health Equity work is foundational to Public Health Practice and the Building Relationships Indigenous Engagement and Positive Spaces Committees.

Health Equity practices and principles will be incorporated into the logic model and work plans for these Health Unit wide committees:

- We have established a committee that reports directly to Senior Leadership – Building Relationships with Indigenous Communities. Our focus is on learning, relationships and reflection as our journey of truth and reconciliation. We are planning for an all staff Blanket Exercise for June 2020 that includes local community partnerships.
- A local 2020 communication campaign will be focused on the living wage, health promotion awareness days and community partnerships, and the Health Unit will continue to build staff capacity to apply proportionate universalism to program planning.
- The Health Unit will continue to implement the Registered Nurses Association of Ontario Best Practice Guideline “Embracing Cultural Diversity in Health Care: Developing Cultural Competence” through the Best Practice Spotlight Organization process through the Building Relationships with Indigenous Communities committee. Finally the Social Determinants of Health (SDOH) PHN will continue to provide health equity presentations and self-reflection activities to local community partners.
- One SDOH PHN will be focused on implementation of the requirements in the OPHS, building staff capacity, and implementing the Best Practice Guideline. The second SDOH PHN position is shared by a number of staff across a variety of program standards such as Health Equity (Municipal coalitions that support poverty prevention initiatives), Infectious Diseases (Sexual Health and Harm Reduction), and Healthy Growth and Development (Baby Friendly Initiative).

**Foundational Standard: Effective Public Health Practice**

- The Foundational Standards PHN Coordinator will provide expertise to staff to conduct program evaluations for new and modified programs and will respond to requests to support staff in the planning process including logic model development, evaluation frameworks, and evidence reviews.
- The Health Unit will continue to participate in the Registered Nurses Association of Ontario Best Practice Spotlight Organization program which supports evidence-informed decision-making by implementing recommendations from Best Practice Guidelines.
- The Health Unit will participate in public health networks (including the Association of Public Health Epidemiologists of Ontario (APHEO); the Ontario Public Health Evaluators Network; the Eastern Regional Evaluation Network; Ontario Association of Communicators in Public Health; the Canadian Evaluation Society; and the Ontario Association of Public Health Nursing Leaders).
- The Epidemiologist will provide leadership to APHEO’s GIS working group and continue to deliver presentations to internal and external stakeholders on population health and local dashboards. The Foundational Standards PHN Coordinator will continue to facilitate a Planning and Evaluation Community of Practice for program staff and managers to provide a forum for knowledge exchange on a variety of topics related to the Foundational Standards along with supporting program teams/individuals at the project level .

- The Health Unit will initiate a Quality Improvement Committee to support the implementation of a Continuous Quality Improvement framework and support staff training on QI methods and tools, including Lean methodology. Two staff members will complete Excellence Canada’s process mapping certificate. Two strategic quality/Lean projects will be selected and implemented and key processes will continue to be identified, mapped and improved.
- The Client Service Standards will be reviewed and updated, and the development of a client service promise will be explored.
- Implementation of the Person and Family Centred Care Best Practice Guideline will continue (part of the Registered Nurses Association of Ontario Best Practice Spotlight Organization), which will also facilitate the provision of client centred service.
- The Health Unit will continue with a Public Health Practice Committee (PHPC) with the purpose of coordinating Health Unit activities to support quality public health practice by all program and service providers in the Health Unit. The PHPC will identify an ethics framework to be used across all programs considering input from all disciplines in Public Health. The PHPC will develop and implement learning materials and tools and provide learning sessions to support quality public health practice through the lens of reflective practice. Reflective practice provides the framework for all other work in PH; Health Equity and engaging LGBTQS+ and Indigenous clients and populations.
- The Nursing Professional Practice Council will provide support for year five of the Registered Nurses Association of Ontario Best Practice Spotlight Organization activities, with a focus on sustainability of initiatives by:
  - Continuing integration of existing BPGs into program teams as well as continuing to support the implementation of the 2 additional BPG’s;
  - Adopting eHealth Solutions: Implementation Strategies and Embracing Cultural Diversity in Health Care.
  - Developing Cultural Competence, through the Building Relationships with Indigenous Communities Committee.
  - Sustainability will include PHN applications for RNAO Advanced Clinical Fellowships, review of Advanced Clinical Fellowship Proposals for RNAO, presentation at conferences, participation at conferences and meetings and preparing and submitting articles for publication.
  - The Health Unit will continue in facilitating Champion training for new staff (and students when applicable) and participation in research projects such as “Measuring it to Manage it: Assessing Competence in Evidence-informed Decision-making (EIDM) in Public Health Nursing”, School of Nursing McMaster University.

**Foundational Standard: Emergency Management**

1. Emergency Response Plan

The LGDLHU has an all hazards emergency response plan that is reviewed annually and revised as needed to reflect lessons learned from incidents and emergencies that have required a health unit response. There are several appendices to this plan that contain hazard specific responses to LGL specific hazards. These appendices are also reviewed and revised annually. Stake holders are engaged in the process through emergency planning meetings with municipalities, review of municipal HIRAs, and through tabletop exercises and partner meetings. The health unit plan is shared with partners and a section of the plan clearly outlines roles for health unit staff which allows our partners to be clear on the roles of health unit staff in various incidents/emergencies.

2. Business Continuity Plan

Health Unit time critical services have been identified across programs as part of the business continuity plan. A review of the plan to ensure an accurate representation of all time critical services is planned to ensure services no longer provided by the health unit are removed from the plan and new or changed services are risk assessed to determine time criticality. The plan is to be reviewed to ensure it captures organizational structure changes.

3. Broad dissemination of information to the public and partners

- Website
- Email and fax notices
- Social media
- Teleconferences at pre -set schedules
- Radio and TV interviews
- Media releases



- Face to Face meetings as required
- The Health Unit Emergency Response Plan outlines 24/7 access
- Telephone system has information on how to reach the after-hours on call manager
- 2222 designated reporting line during business hours
- Duty officer

#### 4. Communication of hazard information to staff and community

- While the HIRA is kept confidential the website has information on all of the relevant hazards and links to information on how to prepare and recover from these types of events. Social media messages are sent out throughout the year especially when severe events are predicted or possible.
- Staff receives training once per year or more if necessary and HIRA is reviewed.
- Internal health and safety messages and resources relevant to HIRA are provided for staff.

#### 5. Emergency management learning/practice/training opportunities

- We incorporate the use of IMS in smaller incidents that occur so that staff are familiar with the structure and how it works when IMS is required to manage a larger incident.
- Tabletop exercises at the county and municipal level are attended by the MOH or alternate upon request. This provides us with the opportunity to clarify roles and responsibilities and to coordinate an effective response during the scenario as well as identifying any gaps that need to be addressed in the plan.
- The use of just in time training to upgrade skill sets to assist in the response is also planned.

#### 6. Incorporating lessons learned from previous or future exercises/events into your program for the upcoming year

- Debriefs following incidents provide valuable information that helps not only identify successes but also identify gaps that need to be addressed and things that we could do better. The various response plans are then updated to include recommendations to improve the response.