

## 2019 Annual Service Plan: Community Health Protection Program Standards

<b>Emergency Management Foundational Standard</b>
<b>2018 Accomplishments:</b> <ul style="list-style-type: none"><li>• LGLDHU staff received training on the health unit emergency response plan</li><li>• Revised the LGLDHU emergency response plan for 2018 and distributed to our partners as well as posted on our website</li><li>• Revised the HIRA(Hazard Identification Risk Assessment to meet current issues)</li><li>• Attended a number of county and municipal level table top exercises</li><li>• 525 website hits regarding emergency preparedness</li></ul>
<b>Community Needs and Priorities:</b> <p>LGLDHU works with 22 municipalities and 2 counties which cover a wide and varied geography. There are different factors which may be of importance in Emergency Management such as rivers/flooding; location close to known earthquake zones; location impacted by weather events including rain/snow/wind; drought, etc.</p> <p>The LGLDHU has an all hazards emergency response plan that is reviewed annually and revised as needed. There are several appendices that support the plan with regards to specific incidents that are likely to pose a risk within the LGLDHU area. These appendices are based on a HIRA that is reviewed and revised annually and captures local risks as HIRAs identified by community partners which are shared. General incident Action plans are in place to identify and address key public health functions that may arise from a specific incident. These plans consider other standards including but not limited to Food Safety, Healthy Environments, Immunization, Infectious Diseases Prevention and Control and Safe Water. Elements of other foundational standards including population health assessment, health equity and effective health practice are woven into the response plans. During mock emergency exercises we are able to share these plans with partner agencies to help identify and clarify roles. In 2019 we plan to meet with our larger municipalities and 2 counties about a number of current Environmental Health developments including emergency management to determine the best way to ensure ongoing engagement with partners and stakeholders.</p>
<b>Key Partners/Stakeholders:</b> <p>List of Partners:</p> <ul style="list-style-type: none"><li>• Municipalities: collaboration planning/response/recovery/communication plans (meetings, table tops, sharing of plans, EOC)</li><li>• Counties: collaboration planning/ response/recovery/communication plans (meetings, table tops, sharing of plans, education opportunities EOC)</li><li>• Emergency Management Ontario: resources (direction/support through meetings, teleconference EOC)</li><li>• PHO: support to response, information sharing and data analysis (email, reports, teleconferences)</li><li>• Government Ministries and Agencies: MOHLTC, MECP, MOL, OMAFTA, CFIA, Health Canada: support, expertise, testing etc. (meetings, email, teleconferences)</li><li>• First responders: Response (communiques, meetings, EOC)</li><li>• Hospitals: Response (communiques, meetings, EOC)<ul style="list-style-type: none"><li>• Public Health Staff Planning/response/recover (email, teleconferences, meetings, video conferencing)</li></ul></li></ul>

- **General Public (social media, website, fact sheets, meetings)**
- **Priority Populations (work with staff and agencies supporting these groups to determine needs and best ways to communicate and support.**

**Objectives:**

- **To ensure a timely and effective mobilization of health unit staff and resources during a public health emergency or an emergency with public health impacts in order to decrease morbidity and mortality.**
- **To ensure health unit staff understand their roles and deal with the threats to public health that arise locally as well as those that may arise outside of our borders that may have public health implications locally.**
- **To reduce the impacts of incidents that adversely affect the safety of our food, water and environment which impact the health of our residents.**
- **To ensure that we work collaboratively with our partners so we are prepared to respond to, manage and recover from incidents and emergencies.**
- **To eliminate or reduce the secondary effects of disaster by having our citizens aware of hazards, being personally prepared and resilient.**

## **Food Safety Standard**

### **2018 Accomplishments:**

- 771 citizens completed Food Handler Certification Training, resulting in 737 certified food handlers (increase from 487 previous year)
- 2480 food premises inspections were completed
- Distributed disclosure signs to the majority of food premises in our jurisdiction
- 7805 website hits specific to food safety
- 3056 website hits specific to food handler training

### **Community Needs and Priorities:**

LGLDHU has a total of 280 high risk, 513 moderate risk and 338 low risk food premises that require inspections according to the food safety protocol (FFP) thus 2204 routine inspections required. We strive to ensure that our community is preparing and serving safe food to our citizens through the following initiatives:

1. As per changes to the HPPA and the Food Premises Regulation, incorporating inspections of homebased food businesses in the Food Safety Program
2. Participating in partnerships promoting local foods, school nutrition programs, consulting with farmers' markets
3. Consulting with food premises operators potential and existing
4. Providing education to service groups
5. Providing mandatory food handler certification courses
6. Ensuring seasonal operations are monitored and/or inspected including summer camps, festivals, transient facilities
7. Responding to potentially unsafe food offered for public consumption i.e. food transportation, recalls, complaints

Local priorities for programs and interventions are determined by:

1. Fixed premises
2. Special events
3. Complaints/recalls
4. Incidence of food borne illnesses
5. Syndromic surveillance indicating a trend of food borne illness/outbreak
6. Food handler certification courses and presentations requested
7. Re-inspections required as a result of routine inspections

Maintaining and monitoring disclosure of food premises inspections and complaints on the Health Unit website. Each Inspection premises has been provided with a sign indicating the process for obtaining current inspection reports.

### **Key Partners/Stakeholders:**

Collaboration with external partners to achieve our goal of safe food being served to and consumed by the public. This may be achieved through education, consultation, joint inspection work, partner's experience, expertise and delegated authority where businesses require multiple agency oversight.

**Our partners include:**

**Food premises operators  
Canadian Food Inspection Agency  
Ontario Ministry Agriculture Food Rural Affairs  
Public  
Producers  
Exempt Groups as per the food premises regulations  
Schools Nutrition Program  
New technology/standards- industry  
Ministry Of Health Long-term Care  
Public Health Ontario  
Public Health Nutritionists  
Economic Development  
Food Entrepreneur  
Organizers of Special Events  
Market Managers  
Municipalities**

**Program 1: Surveillance and Monitoring**

**Objectives:**

**Timely identification of food borne illness and outbreaks.  
Identifying chronic offenders of improper food handling  
Identifying common sources of food borne illness**

**Description:**

**Monitor and report disease that r/t food- iphis  
Epi investigation  
Monitoring syndromic surveillance  
Monitoring complaints**

**Interventions:**

**Program 2: Information and Education**

**Objectives:**

**Reduced incidence of food-borne illnesses  
Food Handlers practicing good food safety techniques at all times  
No complaints from public regarding improper food handling  
A well informed public that has the skills and knowledge to handle food safely and to identify food safety hazards.**

**Description:**

**Consultation during inspections  
Certification- Food Handler  
Food safety presentation i.e. Priority population/shelters/community groups. In partnership with community employment training programs and groups that support priority populations we provide Food Handler Certification; and Food Safety training developed to meet the group need.**

**Media/Website/Interview/Consultation**

**Food safety presentation i.e. priority population/shelters/community groups**

**Intervention:**

**Program 3: Inspections**

**Descriptions**

**Risk assessment of all food premises; application of the food premises regulations; education, progressive enforcement**

**Sampling and testing**

**Enforcement- orders, tickets, etc.**

**Objectives**

**Ensure safe food is being served to the public- no food borne illness, food borne illness risks are mitigated, food handlers are well educated**

**Program 4: Enhanced Food Safety**

**Description**

**Site visit, risk assessment and education to school nutrition site coordinators and principals to ensure compliance with the School Nutrition Program Guideline 2016 Assessment and inspection of farmers' markets based on the HPPA**

**Ensuring all food premises are inspected as per the Food Safety Protocol**

**Objectives**

**Ensuring community partners have the knowledge and skills needed to handle food in safe manner**

**Ensure safe food is being served to the public- no food borne illness, food borne illness risks are mitigated, food handlers are well educated**

**Program 5: Incident Response**

**Investigate (contact tracing), food/water samples**

**Education, enforcement, closure orders**

**Food recalls, complaints, food transportation, flood, fires.....**

**Objectives**

**Unsafe foods are immediately removed**

**Unsafe water is posted/boiled**

**Ill food handlers are not preparing food**

**Unsafe food products are immediately removed to prevent consumption and/access by vulnerable populations**

## Healthy Environments Standard

### 2018 Accomplishments:

- Responded to 5 new environmental contamination incidents (chemical contaminants adversely affecting private well water, air and soil/aquafer)
- Responded to 8 Blue Green Algae incidents
- 2476 website hits regarding home health and safety

### Community Needs and Priorities:

In 2018 our Health Unit dealt with several larger scale incidents related to environmental hazards. It is critical to have resources available to respond to these concerns, provide critical information and to protect the public:

- Chemical contamination i.e. PFAS, TCE, dump leachate in soil affecting indoor air quality and in ground water affecting private wells
- Blue green algae in surface water
- Extreme weather alerts (heat, cold, air quality)
- Extreme weather events (flooding, drought, high winds)
- Noxious weeds such as wild parsnip, giant hogweed and poison ivy
- Expanding vector borne disease risk area i.e. Ticks and mosquito
- Respond to public requests for information
- Respond to Public complaints

Local priority for programs and interventions related to healthy environments includes a focus on monitoring the effects of climate change on Public Health:

- Temperature and precipitation data
- Vector borne surveillance data
- Human surveillance data
- Reports of ground water contamination
- Syndromic surveillance data for vector borne diseases

In terms of a healthy built environment, several municipalities are working on Active Transportation Plans, downtown improvements, developing trails and other recreation sites. We have prioritized participation in this work with municipalities to bring a public health perspective to these discussions.

- Public consultations about environmental nuisances e.g. noise
- Advocating for Municipal property standard by-laws
- Review of County and Municipal Official Plans from a public health perspective
- Request for partnership from Municipalities and County
- Health Impact Assessments

### Key Partners/Stakeholders:

#### List of Partners:

- Public
- Public Health Ontario
- Lake Associations
- Ministry of Environment Conservation and Parks
- Environment Canada
- Health Care Providers

- Public Health Lab/Private Labs
  - Ontario Public Health Association/Association Supervisors Public Health Inspection Ontario
  - Conservation Authorities
  - Transition Brockville
  - Rideau Environmental Action League
  - Mills Community Support Corporation
  - Municipalities and Counties (local authorities)
  - Ministry of Labour
  - Programming delivered by external partners is sufficient that we do not have to deliver similar programming:
  - Advocating for climate change mitigation e.g. reducing carbon emissions
  - Maintenance Standards regulations regarding property standards are enforced by municipalities.
- The Health Unit provides advice to the public on health effects and preventative and mitigation strategies.

**Program 1: Surveillance and Monitoring**

**Objectives:**

Timely and effective detection, identification and response to health hazards and associated public health risks, trends and illnesses

**Description:**

Developing indicators, developing data sources, compiling data, preparing reports- include climate change

**Interventions:**

Healthy Environment Report.

**Program 2: Information and Education**

**Description:**

The focus of the program is to provide information to raise awareness on health risks associated with hazards in the environment and strategies to reduce exposures allowing citizens to make informed decisions to protect their health.

**Objectives:**

The public and community partners are aware of risk of health hazard incidents.

Community partners have information necessary to create healthy public policy related to reducing exposure to health hazard

Recreational Camp operators will have knowledge of regulatory changes and responsibilities

**Intervention:**

Provide information to municipalities so they can develop approaches for promoting healthy built, natural environments and mitigating environmental health risks.

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 3: Inspections**

Conduct a minimum of one inspection per year for all recreational camps, inspections of boarding/lodging houses on a complaint basis, homes for special care, and other facilities with public access upon complaint

**Timely and effective detection and response to health hazards and associated public health risk, trends and illnesses.**

**Reduced public exposure to health hazards.**

**Program 4 Incident Response**

**Description**

**The focus of the program is providing a timely effective response to environmental incidents that have the potential to affect the health of the public. Working with partner agencies to mitigate the health risk to the community.**

**A timely response to the notification of an incident, allowing us to effectively assess risks that may impact the public's health (within 24 hours). This allows for assessment of health hazards and implementation of strategies to reduce exposure to health hazards.**

**Program 5: Natural and Built Environment**

**Community partners and the public are engaged in the planning, development, implementation and evaluation of strategies to reduce exposure to health hazards and promote the creation of healthy natural and built environments.**

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**Program 6: Policy Development**

**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 environment; and, consult with municipalities on process and request feedback to amend review process as needed.**



## **Infectious and Communicable Disease Prevention and Control Standard**

### **2018 Accomplishments:**

#### **Infectious Diseases**

- Investigated 1070 reportable diseases
- 4 IPAC lapse investigations; 2 in clinical office settings and 2 in a personal service setting
- 45 of respiratory outbreaks
- 12 of enteric outbreaks

#### **Sexual Health**

- 3, 343 client visits to our health unit clinics
- 913 new clients in all of our clinics
- Investigated over 358 reportable sexually transmitted infections
- Collaborated with community health care providers to ensure that clients had access to timely and appropriate publicly funded gonorrhea treatment. Outreach and gonorrhea treatment dispensed to 7 family health centres across the tri-county
- 32 presentations to priority populations around sexual health services including clinic tours, virtual tours and Q&A sessions

#### **Smart Works**

- Needles out: 206,050 (Jan – Nov)
- Safe inhalation: 17,041 (Jan – Nov)
- Biohazard Containers: 1,295
- Condoms: 4500
- Naloxone Kits Dispensed: 737
- Outreach Services
  - People reached: 162/ Immunizations given: 451
- To continue working towards meeting best practice recommendations for harm reduction programs (adding STI testing & treatment at all Change Health sites)
- Implementing the Ontario Harm Reduction Database
- Crystal meth awareness and knowledge building
- Continue to improve sharps disposal options in the community
- Anti-stigma awareness campaign

#### **Rabies**

- Followed up 479 biting incidents (average year 350-400)
- 49 clients provided with Post Exposure Prophylaxis (PEP)
- 35 of animals sent for testing (1 positive bat)
- Low cost clinics 1399 dogs, 642 cats, with a total of 2041 animals vaccinated against rabies
- 675 hits on the website for general rabies information
- 3082 website hits regarding low cost clinics

#### **Vector-borne**

- 114 ticks collected during tick dragging (active surveillance)
- Weekly surveillance at 8 trapping sites June- September resulted in 2 WNV positive pools of mosquitoes being identified

**Community Needs and Priorities:**

Local priorities for programs and interventions are based on:

- Protocols and Guidelines and Regulations (CD, Rabies Immunization, IPAC Complaints/Disclosure )
- Ontario Harm Reduction Distribution Program Best Practice Recommendations Guide 1 & 2
- Reportable diseases surveillance data (iphis)
- Suspect and confirmed outbreaks data (iphis)
- Clinical service site statistics
- Distribution of harm reduction supplies/equipment
- Syndromic surveillance data for ER admissions for opioid use(ACES)
- Coroner data on opioid related deaths
- Public/agency request for information/education
- IPAC complaints from community

We use a health equity lens to identify programs and services that will benefit the community considering factors related to our environment: transportation, access to health services. Our focus is on priority population which include those that are experiencing and or at increased risk of poor health outcomes due to the burden of disease and or factors for disease: the determinants of health, including the social determinants of health.

- Continue to see an increase in chlamydia, gonorrhoea and syphilis

- Limited access to walk-in clinics

Proximity to large urban centres

LTC and Retirement -work with them to identify their needs as related to infection prevention and control i.e. Bug Busters.

Additional support provided to those that struggle with Infection Control e.g. medical directives in retirement homes

Changes in regulations to Personal Service Settings as well as the infection prevention and control complaints/disclosure protocols will prompt additional investigations and support as it relates to information and education.

LGL area is not immune to the issues and challenges that present with substance use.

Rabies and Vector Borne diseases remain a high priority to our communities. With the proximity and access to Northern New York State we saw the first cases of Raccoon Rabies in Canada and have a well established positive tick population for Lyme disease. We must keep vigilant around rabies control; and must continue to provide monitoring and surveillance of tick borne diseases as the black legged tick is abundantly established in our area.

**Key Partners/Stakeholders:**

Internal partners include HU staff that support ongoing program planning and delivery of services which includes

- communications,
- creative team,
- health information team, and
- PHN from other departments that provide support to clinical service delivery in the areas of both sexual health and harm reduction.
- On call managers
- Clinic physician
- MOH
- PHI's
- Administrative Assistants

External partners include

- Public Health Ontario- Eastern Ontario Interagency Infection Prevention and Control- meet quarterly
  - Ministry of Health and Long Term Care
  - Ontario Harm Reduction Distribution Program- quarterly reports on distribution as well as characteristics of clients accessing services
  - Public health Lab
  - Primary Health Care/Health Care Providers/Allied Health Care
  - Hospitals- MOA for distribution of naloxone
  - Pharmacies- MOA for distribution of harm reduction supplies and naloxone
  - Addictions and Mental Health: distribution of naloxone to clients
  - School board (Upper Canada/Catholic/French)
  - First Responders (EMS, Fire, Police) MOA for distribution naloxone for the purpose of administration
  - HARS-MOA for distribution of harm reduction supplies and naloxone
  - Interval House-MOU to provide sexual health services and NSP supplies in safety of interval house setting
  - Change Healthcare- Methadone Program- also provide NSP services- MOU for HU to provide sexual health and immunization services on site
  - Community Health Centers
  - Youth centers
  - Long-term Care Facilities/Retirement Homes- Bug busters working group meeting quarterly
  - Ministry of Natural Resources
  - CFIA
  - Ontario Ministry of Agriculture
  - Municipalities/Counties
  - University of Guelph
  - Local Veterinarians
- SE LHIN- opioid taskforce meeting bimonthly

#### **Program 1: Information and Education**

##### **Description:**

The focus of the program will be to use local and provincial data to provide timely Infection prevention and control information to the public, institutions and professionals, and thereby increasing their knowledge about how infections are transmitted and prevented, how to manage and report diseases and how to keep our environment, food, and water safe.

##### **Objectives**

Increase awareness and knowledge of HCP as it relates to infectious and communicable disease prevention and control.

Provide surveillance data to HCP as it relates to infectious/communicable disease of public health concern

Provide 24/7 support/resources to HCP on infectious/communicable disease case/contact management as it relates to diseases of public health concern.

Increase awareness and knowledge of infection prevention and control measures.

Provide 24/7 support to the public by providing information and resources on infectious and communicable diseases of public health concern.

##### **Interventions:**

**Health Care Provider: Health professionals:** 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. This will include ongoing promotion and maintenance of Reportable Disease Toolkit to support case and contacts management, Communique from MOH 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.

**Public:** Interventions will be focused on providing 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 could include the use of HU website, media campaigns/ social media, and the availability for consultation.

## **Program 2: Case and Outbreak Management**

### **Description:**

The focus of this program is to prevent transmission of infectious diseases, identify possible sources of infection, detect potential outbreaks and for local and provincial disease surveillance purposes. Local data also supports identification of targeted interventions for those at high risk of infectious and communicable disease transmission. Support is provided to long-term care and retirement homes, schools and child care settings and to the public. This includes building on effective partnerships to support education and training within the community of Leeds, Grenville and Lanark. The Infection Control Public Health Nurse funded through this program also provides hands on support to the team for outbreak management, inspection of infection control lapses, and complicated case management.

### **Objectives:**

Increase awareness and knowledge in outbreak identification and management.

Institutions utilize appropriate outbreak guidelines/resources to assist in responding to suspect or confirmed outbreak.

Increase awareness and knowledge of when to seek assistance from PH

Effective detection, identification and management of exposures and local cases of infectious and communicable disease of public health importance.

Reduced transmission of infections and communicable diseases resulting in limited secondary cases.

Reduced progression from latent tuberculosis infection to active tuberculosis disease

Reduced development of acquired drug resistance among active TB cases.

### **Interventions:**

**Case & Contact Management:** Interventions will include 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.

**Outbreak Management:** Interventions will include 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 the community.

**Program 3: Sexual Health Services**

**Descriptions**

The focus of the program is to provide clinical services, including education, to the public presenting with possible STI's or people under age 25 concerned about contraception or possible pregnancy in one of the six health unit sites or in collaboration with health care providers and other partners. Local and provincial data demonstrate there is an increase in sexually transmitted infections, specifically chlamydia, gonorrhea and syphilis. Interventions are targeted at providing education as well as the clinical management to prevent and control STBBI and to promote health sexuality and safer sexual practices for the priority population, cases and contacts.

**Objectives:**

Priority populations have increased knowledge and access to sexual health services and supports that prevent exposure to and the transmission of sexually transmitted infections and blood-borne infections

**Interventions:**

Interventions include screening, monitoring, diagnosis, treatment and counselling of STI cases and contacts, and prevents the acquisition of new STBBIs and reduce the risk of onward transmission.

Providing STI-related vaccines according to provincial eligibility criteria.

Where possible collaborate with healthcare providers to create supportive environments to promote healthy sexual practices, access to sexual health services. This includes collaborating regarding case/contact notification strategies, education and follows up counselling as well as redistributes publicly funded drugs for treatment of STI to healthcare providers who manage patients with STIs.

**Program 4: Vector Borne Diseases**

**Description:** The focus of the program is to conduct surveillance on insects and ticks to determine what the risk is to the public of vector borne diseases in our area, and to provide this information along with prevention messaging to the public, municipalities, health care providers and other partners to prevent vector borne diseases.

**Objectives:** Reduced transmission of infectious and communicable diseases.

**Interventions:**

Interventions within this program will focus on surveillance and education and will include active tick dragging yearly, weekly mosquito trapping/monitoring, communicate with local government partners for WNV control measures, provide information to Health Care Providers (HCP) on ticks and Lyme Disease and provide information to the public through media releases, information sessions, and the Website.

**Program 5 : Infection Control Lapse**

**Description:**

The focus of this program is to follow up on infection prevention and control complaints from the public.

**Objectives:**

Public has opportunity to report inadequate infection prevention and control practices within the settings outline in IPAC lapse protocol.

Public will have access to disclosure reports as a result of IPAC lapse on HU website.

Settings identified in IPAC Complaint's protocol will receive appropriate education/training on infection prevention and control.

**Interventions:**

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 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, conduct reinspection to ensure corrective action has been taken. MOH and designates review investigative materials to determine whether an IPAC lapse would result in infectious diseases transmission. Decision to post is at discretion of MOH or designate. Infection prevention and control leadership and support will include assisting in policy development; establish/review processes related to infection prevention and control. Developing/supporting training and education, development of resources, materials, tools on infection prevention and control practices for use in the community.

**Program 6 : Rabies**

**Description:**

The focus of the program is to follow up and to conduct a risk assessment of reported cases of animal bites/scratches that might pose a risk for rabies.

**Objectives:** Public health will respond to reported cases of animal bites/scratches within 24 hours of receiving notification, to identify potential human exposure to rabies and to provide post-exposure prophylaxis to prevent human rabies.

Low cost rabies vaccination clinic for pets increased vaccination levels (herd immunity) by reducing cost barriers for pet owners that cannot afford veterinary services.

**Interventions:**

As per the Management of Potential Rabies Exposures Guideline, 2018 rabies post-exposure prophylaxis is provided to Health Care providers as indicated by the risk assessment and as requested. Low cost rabies immunization clinics are organized with local veterinarians to increase the protection against human rabies.

**Program 7 : Inspections**

**Description:**

This program provides routine inspections of Personal Service Settings and Childcare Settings which are based on regulation and OPHS protocols/guidelines.

**Objectives:**

Public health will inspect personal services settings as outlined in regulations/protocols.

Public health will inspect childcare settings as outlined in regulations/protocols.

**Interventions:**

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.

## Safe Water Standard

### 2018 Accomplishments:

- 134 adverse water reports responded to
- Inspected 200 recreational water facilities including pools, spas, splash pads
- 220 Beach inspections
- 90 Small Drinking water Assessments completed
- 6358 website hits regarding drinking water
- 9744 website hits regarding recreational water
- 9855 private water samples were facilitated for testing at the Public Health Lab

### Community Needs and Priorities:

We are a rural community with access to both public and private water making it imperative that our drinking water sources and recreational water facilities are safe. We have 473 small drinking water systems, 32 year round public pools and spas, 53 seasonal public pools and spas, 13 Class C water facilities and 23 public beaches that require regular inspections and education to owners and communication to the public.

- We work closely with our 12 municipal drinking water system collaborating with municipalities and MOECC on adverse water incidents 18 in 2018.
- About 60% of our region is rural private well owners and they are spread out across the region necessitating multiple sites with accessible well water sample bottles and pick-up for testing as well as consultation to interpret and respond to results.
- Several small towns and hamlets rely on private wells and septic systems. Aging wells and septic systems combined with shallow soils and fractured rock formation resulting in a vulnerable aquifer pose a significant risk to drinking water quality.
- Many lakes and rivers are spread throughout the region and are used as drinking water sources as well as for recreational purposes. There is strong public interest in maintaining the health of surface water.

Priorities are determined by:

- Protocols and Regulations;
- Witsen data (private well water sample results);
- Adverse events related to drinking water and recreational water facilities;
- Risk assessments;
- Public requests for information.

Disclosure:

All BWO and BWAs are posted on our Health Unit website.

Inspection reports for recreational water facilities and beaches are posted on our website.

Currently developing a process to disclose information regarding SDWS as per the protocol.

Evaluation: Monitoring our disclosure usage.

### Key Partners/Stakeholders:

Collaboration with external partners to achieve our goal of safe water being served to and used by the public. This may be achieved through education, consultation, joint inspection work, partner's

experience, expertise and delegated authority where businesses require multiple agency oversight.

Our partners include:

- o Public Health Ontario including the Public Health Lab
- o Municipalities
- o Ministry of Environment Conservation and Parks
- o Small Drinking Water Systems operators
- o Recreation camp operators
- o Home owners with wells
- o Recreational water operators
- o Drinking water service providers
- o Conservation Authorities
- o Lake Associations
- o Leeds Grenville Lanark Water/Waste Water Agency Response Network
- Private Labs

#### Program 1: Surveillance and Monitoring

Analysis of iphis exposures/ reports

- Analysis of well water results, beach water results
- Review MECP drinking water inspection reports
- Municipal water reports including fluoride levels
- Review media reports of public concerns

Objectives:

The Board of Health is aware of and uses data to influence and inform the development of local healthy public policy and its programs and services related to safe water.

Board of Health programs and services are designed to address identified needs of the community, including priority populations associated with safe water.

#### Program 2: Information and Education

Public Information

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Information on Website and through media

- Consultation for drinking water results and beach water results
- Posting beaches with adverse water results.
- Owners/Operators of small drinking water systems and recreational water facilities  
Consultation
- Information on Website
- Provide resources

Objectives:

Members of the public who use private drinking water supplies are aware of how to safely manage their own drinking water systems.

The public is aware of drinking water safety, including the potential risk of illness related to unsafe drinking water.

The public is aware of potential risk of illnesses and injuries related to recreational water facilities and public beach use.

Water-borne illness risks are mitigated.



<p><b>Program 3: Recreational Water</b>  <b>Inspections of beaches, public pools and spas, Class C facilities i.e. splash pads</b></p> <ul style="list-style-type: none"> <li>• <b>Sampling and testing</b></li> <li>• <b>Enforcement Activities i.e. tickets, orders</b></li> </ul> <p><b>Objectives</b>  <b>Owners/operators of recreational water facilities and owners operators of small drinking water systems operate in a safe and sanitary manner.</b>  <b>Public exposure to recreational water-related illness and hazards is reduced.</b></p>
<p><b>Program 4: Small Drinking Water</b>  <b>Risk assessment of small drinking water systems and monitoring sampling as per directive</b></p> <ul style="list-style-type: none"> <li>• <b>Provide education to operators</b></li> </ul> <p><b>Objectives</b>  <b>Water-borne illness risks are mitigated.</b>  <b>Owners/operators of recreational water facilities and owners operators of small drinking water systems operate in a safe and sanitary manner.</b></p>
<p><b>Program 5: Enhanced Water Initiative</b>  <b>Continue to provide access to water sample bottles and pick up at convenient sites around the region. Evaluate current locations to ensure that they are being used and serving areas with low accessibility. Risk assessment of SDWS using RCAT. Monitoring for sampling compliance through LRMA and follow-up with non-compliance using enforcement strategies</b></p> <p><b>Objectives</b>  <b>Members of the public who use private water supplies have access to water testing. The public is aware of drinking water safety, including the potential risk of illness related to unsafe drinking water.</b>  <b>Water-borne illness risks are mitigated.</b>  <b>Owners/Operators of inspected systems operate that ensure access to safe drinking for the public.</b></p>
<p><b>Program 6: Adverse Water Event</b>  <b>Responding 24/7 to event/incident</b></p> <ul style="list-style-type: none"> <li>• <b>Risk assessment and follow-up as indicated</b></li> <li>• <b>Consultation to MECP, public, operators, municipalities, other agencies</b></li> <li>• <b>Closure orders</b></li> <li>• <b>Protecting the public with drinking water orders and advisories</b></li> <li>• <b>Use of DWARS-mandatory reporting</b></li> <li>• <b>Media communications</b></li> <li>• <b>Review municipal fluoride levels and respond as needed</b></li> </ul> <p><b>Objective</b>  <b>Timely and effective detection, identification and response to drinking water contaminants and illnesses, their associated risk factors, and emerging trends, including levels of fluoride outside the recommended range.</b>  <b>Water-borne illness risks are eliminated</b></p>