



HEALTH COMMITTEE

Wednesday, May 11, 2022

A meeting of the Health Committee was held on Wednesday, May 11, 2022, at 9:30 a.m. at the County Administration Building, Pembroke, Ontario.

Present were:

- Chair Michael Donohue
- Warden Debbie Robinson
- Vice-Chair Glenn Doncaster
- Councillor David Bennett
- Councillor Peter Emon
- Councillor Debbi Grills
- Councillor Kim Love (attended virtually)

City of Pembroke Reps:

- Mayor Michael LeMay
- Councillor Patricia Lafreniere

Regrets:

- Councillor Jennifer Murphy

Staff Present:

- Paul Moreau, Chief Administrative Officer/Clerk
- Michael Nolan, Director of Emergency Services
- Mike Blackmore, Director of Long-Term Care
- Craig Kelley, Director of Development and Property
- Laura LePine, Director of Community Services
- Mathieu Grenier, Deputy Chief, Emergency Services
- Brian Leahey, Deputy Chief, Emergency Services
- Tina Peplinskie, Media Relations and Social Media Coordinator
- Wendy Hill, Administrative Assistant

Chair Donohue called the meeting to order at 9:30 a.m.

Chair Donohue recited the land acknowledgement, identifying that the meeting was being held on the traditional territory of the Algonquin People.

The roll was called, and no pecuniary interests were disclosed.

RESOLUTION NO. H-C-22-05-47

Moved by Councillor Bennett

Seconded by Councillor Grills

THAT the minutes of the April 13, 2022 meeting be adopted. CARRIED.

Long-Term Care Report

Mr. Mike Blackmore overviewed the Long-Term Care Report which is attached as Appendix A.

Committee discussed the Fixing Long-Term Care Act, 2021 and the new requirement of police record checks for board of directors, board of management or committee of management or other governing structure. Committee requested that the Warden discuss this concern at the next Eastern Ontario Wardens' Caucus meeting and Mayor LeMay to bring this forward to the Eastern Ontario Mayors Caucus.

RESOLUTION NO. H-C-22-05-48

Moved by Councillor Emon

Seconded by Councillor Doncaster

THAT the Health Committee recommends to County Council that the warden submit a letter to the Minister of Long-Term Care asking that the Fixing Long Term Care Act, 2021, new regulation contained within article 256 pertaining to screening measure requirements, be held in abeyance or re-examined with broad consultation with the municipal sector and particular attention be given to the Municipal Act. CARRIED

RESOLUTION NO. H-C-22-05-49

Moved by Councillor Emon

Seconded by Warden Robinson

THAT the Health Committee recommends to County Council that Policy G-010 Vaccination Policy for the Long-Term Care Homes remain applicable. CARRIED.

RESOLUTION NO. H-C-22-05-50

Moved by Councillor Lafreniere

Seconded by Councillor Bennett

THAT the Long-Term Care Department Report attached as Appendix A be approved. CARRIED.

Emergency Services Report

Chief Michael Nolan overviewed the Emergency Services Department Report which is attached as Appendix B.

Committee requested that the Warden share the document “Patients First: Leveraging Paramedic Services to do more for Ontario’s Health Care System – 5 Election Priorities” be shared with the Eastern Ontario Wardens’ Caucus and the Western Ontario Wardens’ Caucus, and that Councillor Emon share the document with the Association of Municipalities of Ontario and the Rural Ontario Municipal Association.

Committee requested that staff send the “Patients First: Leveraging Paramedic Services to do more for Ontario’s Health Care System – 5 Election Priorities” document and the “AMO and the Ontario Association of Paramedic Chiefs (OAPC) joint Community Paramedicine Policy Framework Paper” to all members of the Health Committee and County Council.

RESOLUTION NO. H-C-22-05-51

Moved by Councillor Emon

Seconded by Councillor Doncaster

THAT the Warden be requested to send a letter in support of a proposal by ConnectWell Community Health in Renfrew County for a capital project to develop a Health Hub in Cobden. CARRIED.

RESOLUTION NO. H-C-22-05-52

Moved by Councillor Doncaster

Seconded by Councillor Love

THAT the Emergency Services Department Report attached as Appendix B be approved. CARRIED.

RESOLUTION NO. H-C-22-05-53

Moved by Councillor Bennett

Seconded by Councillor Emon

THAT the Board of Health Minutes for March 29, 2022 be noted and received. CARRIED.

RESOLUTION NO. H-C-22-05-54

Moved by Councillor Grills

Seconded by Councillor Love

THAT this meeting adjourn and that the next regular meeting be held on June 15, 2022. Time: 11:52 a.m. CARRIED.

**COUNTY OF RENFREW
LONG-TERM CARE REPORT**

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: May 11, 2022

SUBJECT: Department Report

INFORMATION

1. Bonnechere Manor Resident Statistics

Statistics	February 2022	March 2022	April 2022
Population at Month End	164	166	169
# of Female Residents	97	100	100
# of Male Residents	67	66	69
Vacant Beds at Month End	16	14	11
YTD LTC Occupancy Rate:	97.23%	96.72%	98.67%
Resident Deaths	9	2	0
Resident Discharges	0	0	0
Resident Admissions	4	4	3

2. Miramichi Lodge Resident Statistics

Statistics	February 2022	March 2022	April 2022
Population at Month End	155	154	151
# of Female Residents	106	105	102
# of Male Residents	49	49	49
Vacant Beds at Month End	11	12	9
YTD LTC Occupancy Rate:	99.39%	99.37%	98.98%
Resident Deaths	3	4	5
Resident Discharges	0	0	1
Resident Admissions	4	3	3

Due to the COVID-19 Pandemic, the following is applicable:

- Suspension of occupancy target is in effect until September 30, 2022.
- The Respite Program has been temporarily placed on hold, converting the respite beds into long-term care beds.
- Isolation Beds: Bonnechere Manor has maintained 10 LTC beds since mid-January and Miramichi Lodge has reduced from 10 to 6 LTC beds since mid-April.

3. **Home & Community Care Support Services Champlain Client Waitlist Information**

The following waitlist numbers indicate patients waiting for first choice as of March 31, 2022.

Renfrew County Long-Term Care Homes (LTCHs)	Patients waiting for 1 st choice from Community / Hospital	Patients waiting for 1 st choice to transfer from another LTCH	Totals
Bonnechere Manor	121	43	164
Caressant Care Cobden	41	10	51
Deep River & District Hospital – The Four Seasons Lodge	4	6	10
Grove (The) Nursing Home	117	30	147
Groves Park Lodge	31	21	52
Marianhill Inc.	54	31	85
Miramichi Lodge	175	59	234
North Renfrew LTC Services	39	17	56
Valley Manor Inc.	45	13	58
Totals	627	230	857

4. **COVID-19 Pandemic Update – Long-Term Care (Strategic Plan Goal #3)**

Home Outbreak Status: On April 8, 2022, the Renfrew County and District Health Unit (RCDHU) declared three Resident Home Areas at Bonnechere Manor in a confirmed COVID outbreak.

On April 22, 2022, the RCDHU declared Resident Home Area 3A in a confirmed COVID Outbreak.

Occupancy Funding: The Ministry of Long-Term Care (LTC) announced an extension of the occupancy funding protection cap provided under section 7 of the COVID-19 Funding Policy, up to and including September 30, 2022. For the period of February 1, 2022, to September 30, 2022, LTC homes that do not achieve target resident days (97% occupancy for long-stay beds, 90% for interim short-stay beds) will not receive less than 90% of their Level-of-Care per diem funding on beds subject to occupancy. LTC homes experiencing outbreaks continue to receive funding for eligible beds unable to be filled due to outbreak requirements and restrictions.

The COVID-19 Guidance Document for Long-Term Care Homes in Ontario effective April 11, 2022 contains the following:

- Residents who leave the home on day and overnight absences do not need to isolate upon return, however when returning from an absence (either day or overnight), residents must undergo a PCR test on day 5 of their return.
- In non-outbreak situations only, separating residents and staff into cohorts is no longer required.
- The definition of fully vaccinated has been changed to; ‘staying up-to-date’ with vaccines.

Ministry Supplemental Stockpile Access Program (SSAP): The SSAP will no longer be available after April 22, 2022. However, long-term care homes can continue to request personal protective equipment (PPE) from the provincial pandemic emergency stockpile on an emergency basis, in addition to their existing PPE supply chains. 3M 1870+ N95 respirators continue to be available free of charge to long-term care homes and are readily available for distribution.

5. **Provincial Funding Announcements (Strategic Plan Goal #2)**

2022-23 Personal Protective Equipment (PPE) and COVID-19 Prevention and Containment Funding: The Ministry of Long-Term Care will be flowing additional one-time funding directly to long-term care homes:

- Up to \$244 million to continue supporting incremental costs and measures required to prevent and contain transmission of COVID-19.

- Up to \$34 million to support homes with acquired additional personal protective equipment (PPE) to meet obligations under the new Fixing Long-Term Care Act, 2021.

1.75% Level of Care Increases for 2022-23: The Ministry of Long-Term Care is providing a 1.75% increase in the level-of-care global base funding in the 2022-23 funding year of up to \$96,397,100.

Impact of this funding announcement:

Home	1.75% LOC Increase CMI Adjusted	Global Per Diem Shortfall	Net Benefit vs 2022 Budget
Bonnechere Manor	175,297	(125,955)	49,342
Miramichi Lodge	183,749	(116,158)	67,591
Total			\$116,933

2022-23 Funding for Infection Prevention and Control Minor Capital, Long-Term Care Minor Capital, Clinical Decision Support Tools & Infection Prevention and Control Professionals: The Ministry of Long-Term Care announced up to \$91,692,300 in new funding in 2022-23 directly to long-term care homes to support the following initiatives. Including previously announced commitments for the initiatives below, the Ministry will be providing up to \$114,490,500 in 2022-23.

- Up to \$61,428,600 in Infection Prevention and Control (IPAC) Minor Capital funds for minor capital improvements linked to improved IPAC practices. This one-time funding is a continuation of the IPAC Minor Capital Fund announced on October 9, 2022.
- Up to \$4,123,700 in additional Long-Term Care (LTC) Minor Capital funding to maintain and extend the life of long-term care homes. The third year of this phased-in program will provide \$22,798,200 in previously announced base funding and a one-time additional \$4,123,700 million for the 2022-23 fiscal year, for a total of \$26,921,900.
- Up to \$20,000,000 in one-time funding to support infection prevention and control capacity in long-term care homes to retain and hire IPAC professionals.

- Up to \$6,140,000 in Clinical Decision Support Tools funding to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents.

In addition, prior to the tabling of the budget, Lisa Levin, AdvantAge Ontario Chief Executive Officer received an update on the funding allocations listed below, most of which are not in the Budget document. Funding for these items are expected to flow in May including:

- \$6M in clinical support tools funding.
- Over \$3M for Medical Director education and training, so that all Medical Directors will take the long-term care clinicians course.
- \$10M for Ministry of Long Term Care to support the design and implementation of the resident survey.
- \$19M to support the phasing out of ward rooms in all homes over the next four years.
- Funding for social workers to provide 30 minutes of mental health support and services every four weeks to impacted residents.

Resident Food Funding Increase: a 15% increase in the long-term care nutritional allowance funding has been announced, increasing the food per diem to approximately \$11.00 from the current \$9.54 per resident per day.

6. **Fixing Long Term Care Act (Strategic Plan Goal #1)**

Committee will recall that the Fixing Long-Term Care Act, 2021 came into force on April 11, 2022, which repeals and replaces the existing Long-Term Care Homes Act, 2007 and revokes Ontario Regulation 79/10. Further to the overview given at the April report a new regulation of particular significance to the elected is contained within article 256 pertaining to screening measure requirements.

256 (1) Every licensee of a long-term care home shall ensure that screening measures are conducted before permitting any person to be a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(2) The screening measures shall include police record checks.

(3) The police record check must be,

(a) conducted by a police record check provider within the meaning of the Police Record Checks Reform Act, 2015; and

(b) subject to subsection (4), conducted within six months before the person becomes a member of the licensee's board of directors, its board of management or committee of management or other governing structure.

(4) Where a person will become a member of the licensee's board of directors, its board of management or committee of management or other governing structure as a result of their election under the Municipal Elections Act, 1996, the person must provide a police record check in accordance with this section that was conducted no earlier than six months prior to the date their term of office begins and no later than one month after their term of office begins. This section of the Act comes into force for councillors elected / re-elected November 2022.

7. March 2022 Treasurer's Reports (Strategic Plan Goal #2)

The March 2022 Treasurer's Reports for each of Bonnechere Manor and Miramichi Lodge are attached as Appendix LTC-I.

8. Annual Volunteer Recognition (Strategic Plan Goal #1)

In recognition of the tremendous value volunteers bring to the quality of life in our long-term care homes, we plan to recognize these invaluable, generous groups of volunteers with garden parties at each Home on June 8, 2022. Greetings from Committee and Council will be arranged.

RESOLUTIONS

9. Long-Term Care Homes Policies and Procedures – Vaccination Policy (Strategic Plan Goal #2)

Recommendation: THAT the Health Committee recommends to County Council that Policy G-010 Vaccination Policy for the Long-Term Care Homes remain applicable.

Background

Committee will recall the presentation of the Long-Term Care Homes Vaccination Policy at the Special Health Committee meeting held on March 28, 2022 and as stated this policy was to be reviewed with the anticipated

April 27, 2022 lifting of Ontario Chief Medical Officer of Health (CMOH) COVID-19 Directives.

Upon considering the prevalence of the Omicron variant and the need to protect vulnerable populations, it was decided that Ontario Chief Medical Officer of Health (CMOH) COVID-19 Directives would continue for at least another 45 days beyond the anticipated April 27, 2022 easing of restrictions date. Two revisions were made to the Directives; one specific to surveillance testing frequency and the other placing the requirement for outdoor masking at the discretion of the Homes. In consideration of the current outbreak status, County of Renfrew Homes continue to require the use of masks for outdoor visits as is recommended by the Renfrew County & District Health Unit. Staff is also recommending that rapid antigen testing continue on a daily basis for all persons entering the building.

Staff is recommending that the Long-Term Care Homes Vaccination Policy, attached as Appendix LTC-II, remain valid for at least another 45 days in consideration of the prevalence of the Omicron variant and the risk posed to vulnerable populations.

COUNTY OF RENFREW
TREASURER'S REPORT - BONNECHERE MANOR
March 2022
WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET
over / (under)

	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>CLIENT PROGRAMS & SERVICES</u>	<u>209,613</u>	<u>301,566</u>	<u>(91,953)</u>	<u>1,121,944</u>
Computers Operation and Maintenance	66	1,326	(1,260)	5,302
Depreciation	573	405	168	1,623
Employee Benefits	25,110	44,864	(19,754)	166,638
Equipment - Replacements	0	999	(999)	4,000
Equipment Operation/Maint.	0	168	(168)	670
Hobby Crafts	0	126	(126)	500
Office Supplies / Other	205	0	205	0
Purchased Services	1,315	1,350	(35)	5,400
Recoveries	(135)	(2,487)	2,352	(9,950)
Recreation & Entertainment	1,777	2,229	(452)	8,912
Salaries	172,626	233,120	(60,494)	865,872
Salary Allocations	8,517	17,102	(8,585)	63,520
Special Events	132	2,769	(2,637)	11,080
Staff Education	0	0	0	0
Surplus Adjustment - Depreciation	(573)	(405)	(168)	(1,623)
<u>NURSING SERVICES</u>	<u>2,267,179</u>	<u>2,715,215</u>	<u>(448,036)</u>	<u>10,123,703</u>
Benefits - Admin	39,592	36,018	3,574	133,779
Benefits - Direct	308,912	366,636	(57,724)	1,361,793
Clinical Decision Support	0	0	0	0
Computer Operation & Maintenance	5,438	7,323	(1,885)	29,295
COVID	48,451	0	48,451	0
Depreciation	10,929	9,876	1,053	39,500
Equipment- Replacement	0	2,901	(2,901)	11,600
Equipment-Repairs & Maintenance	0	1,098	(1,098)	4,388
Fall Prevention	11,739	4,500	7,239	18,000
Fall Prevention - Provincial Subsidy	(13,712)	(4,500)	(9,212)	(18,000)
Furniture Replacements	0	0	0	0
High Intensity Needs	0	9,999	(9,999)	40,000
High Intensity Needs - Prov Subsidy	0	(9,501)	9,501	(38,000)
High Intensity Needs-Non Claims Based	2,766	10,707	(7,941)	42,822
Incontinent Supplies - (Funded at \$1.20 per diem)	25,722	22,500	3,222	90,000
IPAC Expenses	9,755	0	9,755	0
IPAC minor capital	0	0	0	0
Lab Fees	510	2,001	(1,491)	8,000
Lab Fees - Provincial Subsidy	0	0	0	(8,000)
Medical Director - Funded (0.30 / day)	4,860	4,929	(69)	19,710
Medical Supplies & Medication	17,183	24,126	(6,943)	96,493
Medication Safety Technology	0	0	0	0
Memberships	0	0	0	0
Miscellaneous	0	399	(399)	1,600
Nurse Practitioner Expenses	0	0	0	24,494
Phys-On-Call - Funded Expenses (\$100 / bed)	3,862	4,275	(413)	17,100
Phys-On-Call - Prov Subsidy (\$100 / bed)	(4,659)	(4,275)	(384)	(17,100)
Phys-On-Call - Un-Funded Expenses	0	0	0	0
Purchased Services	599	999	(400)	4,000
RAI / MDS - Expenses	0	24,346	(24,346)	90,429
RAI / MDS - Prov Subsidy	0	0	0	0
Recoveries - Other	(2,366)	0	(2,366)	0
Salaries - Direct	1,642,199	2,073,152	(430,953)	7,700,279
Salaries - Admin	166,329	137,582	28,747	511,021
Salary Allocations	0	0	0	0
Staff Education	0	0	0	0
Surplus Adjustment - Depreciation	(10,929)	(9,876)	(1,053)	(39,500)

COUNTY OF RENFREW

TREASURER'S REPORT - BONNECHERE MANOR

March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

over / (under)

	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>RAW FOOD</u>	<u>177,928</u>	<u>156,693</u>	<u>21,235</u>	<u>626,778</u>
Bread	3,864	3,414	450	13,658
Dairy	21,011	22,629	(1,618)	90,521
Groceries & Vegetables	101,762	90,198	11,564	360,788
Meat	44,580	39,582	4,998	158,331
Nutrition Supplements	8,411	6,351	2,060	25,405
Raw Food Recoveries	(1,701)	(5,481)	3,780	(21,925)
<u>FOOD SERVICES</u>	<u>485,688</u>	<u>406,490</u>	<u>79,198</u>	<u>1,514,680</u>
Computers - Operation & Maintenance	168	540	(372)	2,160
COVID	36,028	0	36,028	0
Depreciation	3,844	3,501	343	14,000
Dietary Supplies	10,446	16,560	(6,114)	66,250
Employee Benefits	77,172	74,001	3,171	274,862
Equipment - Operation/Maint.	1,245	1,719	(474)	6,880
Equipment - Replacements	0	1,125	(1,125)	4,500
Other Expenses	871	438	433	1,750
Purchased Services	107	150	(43)	600
Recoveries	(5,431)	(10,811)	5,380	(41,677)
Replacement - Dishes/Cutlery	2,966	2,409	557	9,633
Salaries	379,954	338,085	41,869	1,255,742
Salary Allocations	(17,102)	(17,102)	0	(63,520)
Surplus Adjustment - Depreciation	(3,844)	(3,501)	(343)	(14,000)
Vending – Net Proceeds	(735)	(624)	(111)	(2,500)
<u>HOUSEKEEPING SERVICES</u>	<u>250,227</u>	<u>255,833</u>	<u>(5,606)</u>	<u>955,771</u>
COVID	4,650	0	4,650	0
Depreciation	554	555	(1)	2,223
Employee Benefits	38,552	39,679	(1,127)	147,379
Equipment - Operation/Maint.	329	624	(295)	2,500
Equipment - Replacements	0	525	(525)	2,100
Housekeeping Supplies	17,073	20,466	(3,393)	81,860
Recoveries	(8,216)	(2,253)	(5,963)	(9,012)
Salaries	197,839	196,792	1,047	730,944
Surplus Adjustment - Depreciation	(554)	(555)	1	(2,223)
<u>LAUNDRY AND LINEN SERVICES</u>	<u>118,772</u>	<u>114,326</u>	<u>4,446</u>	<u>428,314</u>
COVID	0	0	0	0
Depreciation	1,857	1,824	33	7,300
Employee Benefits	18,740	19,845	(1,105)	73,712
Equipment Operation/Maint.	6,700	3,450	3,250	13,800
Laundry Supplies	5,997	5,484	513	21,939
Recoveries	(857)	(873)	16	(3,486)
Replacements	4,060	4,779	(719)	19,114
Salaries	84,132	81,641	2,491	303,235
Surplus Adjustment - Depreciation	(1,857)	(1,824)	(33)	(7,300)

COUNTY OF RENFREW

TREASURER'S REPORT - BONNECHERE MANOR

March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

over / (under)

	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>BUILDINGS AND PROPERTY MAINTENANCE</u>	<u>305,359</u>	<u>281,796</u>	<u>23,563</u>	<u>1,179,139</u>
Salaries	103,832	91,006	12,826	338,021
Employee Benefits	22,747	23,663	(916)	87,892
Computers - Operation & Maintenance	0	726	(726)	2,900
Depreciation	144,074	137,499	6,575	550,000
COVID	23,295	0	23,295	0
Equipment - Operation/Maint.	0	0	0	0
Equipment - Replacements	8,196	9,399	(1,203)	37,600
Furniture - Replacements	1,807	10,017	(8,210)	40,064
Natural Gas	20,877	23,000	(2,123)	105,000
Hydro	13,729	13,000	729	185,000
Insurance	69,659	62,652	7,007	62,652
Cell/Pager	0	0	0	0
Purchased Services	48,238	47,982	256	191,933
Resident - Telephone System	7,312	8,001	(689)	32,000
Resident - Telephone System Recovery	(19,318)	(16,179)	(3,139)	(64,710)
Recoveries	(5,553)	(7,836)	2,283	(31,345)
IPAC Minor Capital	0	0	0	0
Repairs/Maint./Bldgs./Grounds	10,537	16,365	(5,828)	65,460
Surplus Adjustment - Depreciation	(144,074)	(137,499)	(6,575)	(550,000)
Water / Wastewater	0	0	0	126,672
<u>GENERAL AND ADMINISTRATIVE</u>	<u>441,995</u>	<u>382,686</u>	<u>59,309</u>	<u>1,319,642</u>
Accreditation	2,090	5,971	(3,881)	5,971
Admin Charges	32,132	32,133	(1)	128,528
Advertising/Awards Dinner	2,325	4,500	(2,175)	30,000
Audit	0	0	0	9,346
Computer/Internet Expenses	35,708	17,001	18,707	68,005
Conventions	620	750	(130)	3,000
COVID	24,016	0	24,016	0
Depreciation	3,892	3,501	391	14,000
Employee Benefits	44,389	39,746	4,643	147,625
Equipment - Operation/Maint.	2,499	2,136	363	8,549
Equipment - Replacements	0	99	(99)	400
Gain / Loss from the Sale of an Asset	4,528	0	4,528	0
Health & Safety Program	0	276	(276)	1,100
HR Charges	25,442	25,443	(1)	101,767
Insurance	62,989	62,000	989	62,000
IT Charges	17,110	17,109	1	68,440
Legal & Labour Contract Costs	2,982	11,625	(8,643)	46,496
Memberships	550	4,470	(3,921)	17,885
Postage / Courier	1,341	1,344	(3)	5,374
Printing & Stationery	4,459	4,701	(242)	18,800
Purchased Services	11,145	11,001	144	40,857
Recoveries	(12,020)	(8,589)	(3,431)	(31,898)
Salaries	182,086	135,174	46,912	502,077
Salary Allocations	(7,515)	(7,514)	(1)	(27,912)
Staff Training	578	16,983	(16,405)	67,932
Surplus Adjustment - Depreciation	(3,892)	(3,501)	(391)	(14,000)
Surplus Adjustment - Transfer to Reserves	0	0	0	0
Telephone	3,629	3,828	(199)	15,300
Travel	505	2,499	(1,994)	10,000
Uniform Allowance	410	0	410	20,000
BONNECHERE MANOR TOTALS	<u>4,256,759</u>	<u>4,614,605</u>	<u>(357,846)</u>	<u>17,269,971</u>

COUNTY OF RENFREW

TREASURER'S REPORT - BONNECHERE MANOR

March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

over / (under)

	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
RESIDENT DAYS	15,021	16,200	(1,179)	65,700
NON-SUBSIDIZABLE EXPENSE	0	0	0	49,024
Temporary Loan and Interest- Solar Project	0	0	0	0
Surplus Adjustment - Transfer to Reserve	0	0	0	49,024
SURPLUS ADJUSTMENT	1,781	96,699	(94,918)	386,800
Surplus Adjustment - Capital Purchases	1,781	96,699	(94,918)	386,800
TOTAL EXPENDITURE	4,258,540	4,711,304	(452,764)	17,705,795

COUNTY OF RENFREW

TREASURER'S REPORT - BONNECHERE MANOR

March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

over / (under)

	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
MUNICIPAL SUBSIDY	550,484	550,482	2	2,201,935
City of Pembroke -30.63%	181,660	181,659	1	726,639
County of Renfrew - 69.37%	368,824	368,823	1	1,475,296
RESIDENTS REVENUE	965,608	1,009,203	(43,595)	4,036,813
Bad Debts	0	0	0	0
Basic Accommodation	853,088	887,499	(34,411)	3,550,000
Bed retention	0	0	0	0
Estate Recoveries - Municipal	0	0	0	0
Estate Recoveries - Provincial	0	0	0	0
Preferred Accommodation	112,519	121,704	(9,185)	486,813
Preferred Accommodation - HIN Claims	0	0	0	0
Preferred Accommodation - Prov COVID Reimbursement	0	0	0	0
Respite Care	0	0	0	0
OTHER REVENUE	17,831	14,250	3,581	188,767
Donations	0	0	0	0
Donations In Kind	0	0	0	0
Interest Income	14,375	11,250	3,125	45,000
Internal Transfer - From ML	0	0	0	0
Other Revenue	0	0	0	0
Other Revenue - FIT	3,456	3,000	456	143,767
GRANTS & SUBSIDIES	2,871,302	2,733,603	137,699	10,891,480
Federal - ICIP	24,692	0	24,692	0
Prov - Allied Health Professional	0	61,056	(61,056)	244,226
Prov - Clinical Decision Support	449	0	449	0
Prov - Global LOC Subsidy	119,406	152,259	(32,853)	609,039
Prov - Medication Safety Training	39,136	0	39,136	0
Prov - One Time Funding - Basic Rev Recovery	(62,411)	0	(62,411)	0
Prov - One Time Funding - COVID	549,877	0	549,877	0
Prov - PSW / Behavioural Support Subsidy	14,682	14,682	0	58,728
Prov - Nursing Staff Suppliment	0	324,072	(324,072)	1,296,292
Prov - Support Professional Growtrh	(0)	14,484	(14,484)	57,931
Prov Revenue - Accreditation	5,913	5,913	0	23,652
Prov Revenue - Equalization	47,631	47,634	(3)	190,530
Prov Revenue - High Wage	0	0	0	0
Prov Revenue - HIN NPC	10,677	10,677	0	42,705
Prov Revenue - IPAC	14,546	0	14,546	0
Prov Revenue - Nursing & Personal Care	1,620,456	1,620,456	0	6,438,906
Prov Revenue - Other Accomodation	38,816	34,929	3,887	139,712
Prov Revenue - Pay Equity	5,715	5,715	0	22,860
Prov Revenue - Program & Support Services	198,081	198,087	(6)	792,342
Prov Revenue - RAI/MDS	23,487	23,487	0	93,951
Prov Revenue - Raw Food	156,690	156,696	(6)	626,778
Prov Revenue - RN	26,502	26,499	3	106,000
Prov Revenue - Structural Compliance	36,957	36,957	0	147,828
SURPLUS ADJUSTMENT	0	0	0	386,800
Surplus Adjustment - TRF from Reserves	0	0	0	386,800
GRAND TOTAL REVENUES	4,405,225	4,307,538	97,687	17,705,795
Municipal Surplus / (Deficit)	146,685	(403,766)	550,451	0
less: Depreciation - BM	(165,723)	(157,161)	(8,562)	(628,646)
add: Transfer to Reserve	0	0	0	49,024
less: Transfer from Reserve	0	0	0	(386,800)
add: Capital Purchases	1,781	96,699	(94,918)	386,800
Accounting Surplus / (Deficit)	(17,258)	(464,228)	446,970	(579,622)

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

	over / (under)			
	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>CLIENT PROGRAMS & SERVICES</u>	<u>266,610</u>	<u>262,748</u>	<u>3,862</u>	<u>981,208</u>
Computer Operation and Maint	0	411	(411)	1,645
COVID	61,329	0	61,329	0
Depreciation	945	948	(3)	3,792
Employee Benefits	27,150	38,332	(11,182)	142,380
Equipment - Replacements	451	768	(317)	3,075
Equipment Operation/Maint.	135	615	(480)	2,460
Hobby Crafts	219	1,281	(1,062)	5,125
Purchased Services-Physio	9,943	12,201	(2,258)	48,807
Recoveries	0	0	0	0
Recreation & Entertainment	1,624	2,625	(1,001)	10,507
Revenue - Federal	0	0	0	0
Salaries	145,148	185,452	(40,304)	688,822
Salary Allocations	20,500	20,502	(2)	76,145
Special Events	112	561	(449)	2,242
Surplus Adjustment - Depreciation	(945)	(948)	3	(3,792)
<u>NURSING SERVICES</u>	<u>2,351,109</u>	<u>2,575,450</u>	<u>(224,341)</u>	<u>9,576,853</u>
Computer Operation and Maint	8,295	7,119	1,176	28,476
COVID	45,386	0	45,386	0
Depreciation	8,607	10,251	(1,644)	41,000
Employee Benefits - Administration	31,234	34,644	(3,410)	128,678
Employee Benefits - Direct	294,610	325,770	(31,160)	1,210,007
Equipment - Repairs & Maintenance	94	984	(890)	3,940
Fall Prevention	831	4,149	(3,318)	16,600
Fall Prevention - Prov Subsidy	(639)	(4,149)	3,510	(16,600)
High Intensity Needs	0	7,500	(7,500)	30,000
High Intensity Needs - Non Claims Based	5,801	9,846	(4,045)	39,384
High Intensity Needs - Prov Subsidy	0	(7,125)	7,125	(28,500)
Incontinent Supplies - (Funded at \$1.20 per diem)	23,093	25,245	(2,152)	100,985
IPAC	9,686	0	9,686	0
IPAC MINOR CAPITAL	2,080	0	2,080	0
Lab Fees	0	2,499	(2,499)	10,000
Lab Fees - Prov Subsidy	0	0	0	(10,000)
Medical Director - (0.30 / day)	4,544	0	4,544	18,177
Medical Nursing Supplies	24,500	25,914	(1,414)	103,654
Medication Safety Technology	5,112	0	5,112	0
Memberships	0	249	(249)	1,000
Nurse Practitioner BM Support	0	0	0	(24,494)
Nurse Practitioner Expenses	45,265	46,264	(999)	171,841
Nurse Practitioner Provincial Subsidy	(30,711)	(30,714)	3	(122,853)
Phys-On-Call - Funded Exp (\$100 / bed)	0	0	0	16,515
Phys-On-Call - Prov Subsidy (\$100 / bed)	(4,296)	(4,128)	(168)	(16,515)
RAI / MDS Expenses	0	30,792	(30,792)	114,368
RAI / MDS Prov Subsidy	0	0	0	0
Recoveries	(1,517)	0	(1,517)	0
Recoveries - Wages	476	0	476	0
Salaries - Administration	104,625	120,246	(15,621)	446,627
Salaries - Direct	1,787,422	1,985,127	(197,705)	7,373,328
Salary Allocations	(4,783)	(4,782)	(1)	(17,765)
Surplus Adjustment - Depreciation	(8,607)	(10,251)	1,644	(41,000)

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

	over / (under)			
	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>RAW FOOD</u>	<u>154,252</u>	<u>144,504</u>	<u>9,748</u>	<u>578,028</u>
Dairy	16,429	17,589	(1,160)	70,360
Groceries and Vegetables	82,357	75,276	7,081	301,107
Meat	50,875	48,390	2,485	193,561
Nutrition Supplements	5,049	4,500	549	18,000
Recoveries	(459)	(1,251)	792	(5,000)
<u>FOOD SERVICES</u>	<u>400,488</u>	<u>394,902</u>	<u>5,586</u>	<u>1,470,031</u>
Café M	0	0	0	0
Computer Operation and Maint	0	126	(126)	500
COVID	29,320	0	29,320	0
Depreciation	3,661	3,249	412	13,000
Dietary Supplies	571	4,989	(4,418)	19,951
Employee Benefits	56,142	73,325	(17,183)	272,347
Equipment - Operation and Replacement	1,272	2,706	(1,434)	10,822
Food Wrap & Disposable Items	2,272	2,199	73	8,794
Purchased Services - BM Staff Support	5,431	5,432	(1)	20,174
Recoveries	(737)	0	(737)	0
Replacement - Dishes/Cutlery	2,194	2,472	(278)	9,884
Salaries	320,795	320,369	426	1,189,938
Salary Allocations	(15,717)	(15,717)	(0)	(58,379)
Surplus Adjustment - Depreciation	(3,661)	(3,249)	(412)	(13,000)
Vending - Net Proceeds	(1,054)	(999)	(55)	(4,000)
<u>HOUSEKEEPING SERVICES</u>	<u>300,806</u>	<u>241,523</u>	<u>59,283</u>	<u>901,219</u>
COVID	39,265	0	39,265	0
Depreciation	589	750	(161)	3,000
Employee Benefits	37,007	39,656	(2,649)	147,295
Equipment - Operation/Maint.	148	438	(290)	1,750
Equipment - Replacements	0	1,251	(1,251)	5,000
Housekeeping Supplies	10,976	12,501	(1,525)	50,000
Other	0	312	(312)	1,250
Salaries	213,410	187,365	26,045	695,924
Surplus Adjustment - Depreciation	(589)	(750)	161	(3,000)
<u>LAUNDRY AND LINEN SERVICES</u>	<u>63,697</u>	<u>79,732</u>	<u>(16,035)</u>	<u>299,707</u>
COVID	1,611	0	1,611	0
Depreciation	587	375	212	1,500
Education	605	0	605	0
Employee Benefits	8,338	12,135	(3,797)	45,071
Equipment - Replacements	0	624	(624)	2,500
Equipment Operation/Maint.	1,115	624	491	2,500
Laundry Supplies	3,237	5,751	(2,514)	23,000
Recoveries	(244)	0	(244)	0
Replacements	0	5,442	(5,442)	21,770
Salaries	49,035	55,156	(6,121)	204,866
Surplus Adjustment - Depreciation	(587)	(375)	(212)	(1,500)

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

	over / (under)			
	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>BUILDINGS AND PROPERTY MAINTENANCE</u>	<u>228,470</u>	<u>272,866</u>	<u>(44,396)</u>	<u>1,069,330</u>
Computer Operation and Maint	0	225	(225)	900
COVID	0	0	0	0
Depreciation	199,200	198,750	450	795,000
Employee Benefits	13,783	19,414	(5,631)	72,105
Equipment - Operation/Maint.	14,411	0	14,411	0
Equipment - Replacements	38	15,000	(14,962)	60,000
Furniture - Replacements	0	10,095	(10,095)	40,380
Hydro	12,924	11,000	1,924	185,000
Insurance	75,703	69,096	6,607	69,096
IPAC minor capital	0	0	0	0
Natural Gas	14,857	13,400	1,457	70,000
Purchased Services	41,490	53,949	(12,459)	215,790
Recoveries	(2,217)	(975)	(1,242)	(3,900)
Repairs/Maint./Bldgs./Grounds	10,705	21,987	(11,282)	87,953
Replacements/Capital	1,673	0	1,673	0
Resident - Cable System	5,737	5,001	736	20,000
Resident - Cable/Phone Recoveries	(17,603)	(12,501)	(5,102)	(50,000)
Salaries	56,970	67,175	(10,205)	249,506
Surplus Adjustment - Depreciation	(199,200)	(198,750)	(450)	(795,000)
Water / Wastewater	0	0	0	52,500
<u>GENERAL AND ADMINISTRATIVE</u>	<u>427,141</u>	<u>331,806</u>	<u>95,335</u>	<u>1,153,750</u>
Accreditation	0	5,971	(5,971)	5,971
Admin Charges	32,083	32,082	1	128,333
Advertising/Awards	1,351	2,400	(1,049)	20,000
Audit	0	0	0	9,346
Computer Operation and Maint	27,545	11,613	15,932	46,448
Conventions	620	750	(130)	3,000
COVID	4,561	0	4,561	0
Depreciation	6,560	6,000	560	24,000
Employee Benefits	36,881	35,255	1,626	130,943
Equipment - Maintenance	678	2,598	(1,920)	10,392
Health & Safety Program	0	249	(249)	1,000
HR Charges	25,156	25,407	(251)	101,623
Insurance	64,588	62,648	1,940	62,648
Insurance Claim Costs	0	0	0	0
IT Charges	17,110	17,109	1	68,440
Legal & Labour Contract Costs	9,518	3,500	6,018	50,000
Memberships / Subscriptions	14,710	4,194	10,516	16,770
Postage	1,189	1,626	(437)	6,500
Printing & Stationery	4,894	4,227	667	16,908
Purchased Services - From BM	10,106	8,589	1,517	31,898
Recoveries - Other	(11,071)	(12,252)	1,181	(45,857)
Recruiting	0	0	0	0
Salaries	180,381	106,673	73,708	396,214
Salary Allocations	0	0	0	0
Staff Training	2,032	15,858	(13,826)	63,426
Surplus Adjustment - Depreciation	(6,560)	(6,000)	(560)	(24,000)
Surplus Adjustment - Disposal of Assets	0	0	0	0
Telephone	4,109	3,060	1,049	12,247
Travel	700	249	451	1,000
Uniform Allowance	0	0	0	16,500
MIRAMICHI LODGE TOTALS	<u>4,192,573</u>	<u>4,303,531</u>	<u>(110,958)</u>	<u>16,030,126</u>

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

	over / (under)			
	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
RESIDENT DAYS	13,952	14,940	(988)	60,590
NON-SUBSIDIZABLE EXPENSE	<u>0</u>	<u>0</u>	<u>0</u>	<u>727,424</u>
Debenture Payment - Interest Only	0	0	0	89,079
Surplus Adjustment - Debenture Principal	0	0	0	537,731
Surplus Adjustment - Transfer to Reserves	0	0	0	100,614
Transfer to Bonnechere Manor	0	0	0	0
SURPLUS ADJUSTMENT	<u>51,801</u>	<u>146,439</u>	<u>(94,638)</u>	<u>585,760</u>
Surplus Adjustment - Capital Purchases	51,801	146,439	(94,638)	585,760
GRAND TOTAL EXPENDITURE	4,244,374	4,449,970	(205,596)	17,343,310

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
March 2022

WARNING - ACTUAL DAYS ARE LESS THAN 97% OF BUDGET

	over / (under)			
	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>	<u>FULL YEAR BUDGET</u>
<u>MUNICIPAL SUBSIDY</u>	<u>460,803</u>	<u>460,803</u>	<u>0</u>	<u>1,843,213</u>
City of Pembroke -30.63%	152,065	152,064	1	608,260
County of Renfrew - 69.37%	308,738	308,739	(1)	1,234,953
<u>RESIDENTS REVENUE</u>	<u>961,541</u>	<u>1,015,419</u>	<u>(53,878)</u>	<u>4,061,689</u>
Bad Debt (Expense) / Recovery	0	0	0	0
Basic Accommodation	779,355	816,993	(37,638)	3,267,976
Bed retention	0	0	0	0
Estate Recoveries - Municipal	0	0	0	0
Estate Recoveries - Provincial	0	0	0	0
Preferred Accommodation	182,186	197,499	(15,313)	790,000
Preferred Accommodation - HIN Claims	0	0	0	0
Preferred Accommodation - Prov COVID Reimbursement	0	0	0	0
Respite Care	0	927	(927)	3,713
<u>OTHER REVENUE</u>	<u>9,393</u>	<u>7,500</u>	<u>1,893</u>	<u>30,000</u>
Donations	0	0	0	0
Donations In Kind	0	0	0	0
Interest Income	9,393	7,500	1,893	30,000
Other Revenue	0	0	0	0
<u>GRANTS & SUBSIDIES</u>	<u>3,073,480</u>	<u>2,729,767</u>	<u>343,713</u>	<u>10,822,648</u>
Prov - PSW / Behavioural Support Subsidy	11,010	11,010	0	44,040
Prov Rev - ICIP	13,045	0	13,045	0
Prov Revenue - Accreditation	5,454	5,454	0	21,812
Prov Revenue - Clinical Decision Making	5,000	0	5,000	0
Prov Revenue - Equalization	43,623	43,929	(306)	175,711
Prov Revenue - Global LOC	110,121	140,418	(30,297)	561,669
Prov Revenue - High Wage	0	0	0	0
Prov Revenue - HIN NPC	9,846	9,846	0	39,384
Prov Revenue - Medication Safety	29,372	0	29,372	0
Prov Revenue - Nursing & Personal Care	1,575,759	1,575,759	0	6,220,094
Prov Revenue - One Time - COVID	603,667	0	603,667	0
Prov Revenue - One Time - Lost Rev Advance	(10,020)	0	(10,020)	0
Prov Revenue - Other Accomodation	37,060	37,060	0	134,759
Prov Revenue - Pay Equity	5,640	5,640	0	22,560
Prov Revenue - Program & Support Services	182,676	182,679	(3)	730,715
Prov Revenue - RAI/MDS	21,660	21,660	0	86,644
Prov Revenue - Raw Food	144,504	144,507	(3)	578,029
Prov Revenue - RN	26,502	26,499	3	106,000
Prov Revenue - Staff Supp Allied Health	0	56,307	(56,307)	225,230
Prov Revenue - Nursing Staff Suppliment	0	298,866	(298,866)	1,195,469
Prov Revenue - Support Prof Growth	0	13,356	(13,356)	53,425
Provincial - Debenture Subsidy	156,774	156,777	(3)	627,107
Provincial Revenue - IPAC	101,787	0	101,787	0
<u>SURPLUS ADJUSTMENT</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>585,760</u>
Surplus Adjustment - Trf from Reserves	0	0	0	585,760
GRAND TOTAL REVENUES	4,505,218	4,213,489	291,729	17,343,310
Municipal Surplus / (Deficit)	260,843	(236,481)	497,324	0
less: Depreciation	(220,151)	(220,323)	172	(881,292)
add: Transfer to Reserves	0	0	0	100,614
less: Transfer from Reserves	0	0	0	(585,760)
less: Disposal of Assets	0	0	0	0
add: Capital Purchases	51,801	146,439	(94,638)	585,760
add: Debenture Principal	0	0	0	552,938
ADJ Surplus / (Deficit)	92,494	(310,365)	402,859	(227,740)

County of Renfrew Long-Term Care Homes Policy			
DEPARTMENT: General			POLICY #: G-010
POLICY: COVID-19 Vaccination for County of Renfrew LTCH's			
DATE: Mar 28/22	REV. DATE: New	COVERAGE: All Employees/Caregivers/Visitors	PAGE #: 1 of 15

BACKGROUND

The County of Renfrew Department of Long-Term Care wishes to establish a policy that accurately reflects its duty to protect the health and safety of both our vulnerable Long-Term Care residents and the workforce without sacrificing its duty to comply with laws related to Human Rights and Privacy.

We continue to strive to achieve a balance between protecting residents from the evolving level of COVID-19 risk, and supporting overall quality of life and health and wellbeing of residents and their valued team members. We also remain conscious of the need to mitigate staffing pressures to ensure that we continue to provide high quality of care, while seeking to enhance staff satisfaction and experience.

In accordance with Ministry of Health (MOH) guidance, the *County of Renfrew Long-Term Care Home COVID-19 Vaccination Policy* is developed based on science, current best practices, regulatory review, and public health expertise in the context of the evolving global COVID-19 pandemic.

Vaccination remains the best defense against COVID-19, and, combined with other preventative measures, high vaccination rates help limit and prevent the spread of this virus in Long-Term Care homes. Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, reduces severe outcomes including hospitalizations and death due to COVID-19 in both residents and others who may be present in the long-term care environment.

Frontline healthcare workers can be at risk for occupational exposure and can potentially transmit infection to vulnerable populations. Healthcare workers are essential to the provision of healthcare, and their absence due to illness could compromise health system capacity.

Optimizing the protection of healthcare workers can help to balance any disproportionate burden of those taking on additional risks to protect the public, thereby upholding the ethical principle of reciprocity. Maintaining health system capacity is crucial to minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic.

While the primary 2-dose COVID-19 vaccine series provided heroic efficacy against COVID-19, emerging evidence has now demonstrated a considerable decrease in COVID-19 vaccine

County of Renfrew Long-Term Care Homes Policy			
DEPARTMENT: General			POLICY #: G-010
POLICY: COVID-19 Vaccination for County of Renfrew LTCH's			
DATE: Mar 28/22	REV. DATE: New	COVERAGE: All Employees/Caregivers/Visitors	PAGE #: 2 of 15

protection against COVID-19 infection over time, and reduced efficacy against the variants of concern (VoC's) including the now predominant Delta and Omicron variants and sub-variants.

“Booster Doses” are COVID-19 vaccines administered after the primary 2-dose series. The intent of a booster dose is to restore the protection that may have decreased to a level that is no longer sufficient for prevention or protection against COVID-19 and/or VoC's. Studies have evidenced improved vaccine efficacy with the booster dose against both the Delta and Omicron variants.

In high-risk settings like long-term care homes, vaccines have proven to be very effective against severe illness and outcomes, especially with a third or fourth dose. Evidence shows that boosters are highly effective against severe outcomes, including hospitalizations and death, with a third dose restoring protection from hospitalization to 95%.

This means people who received a third dose are less likely to become infected and then pass the virus to others.

With less people infected within long-term care homes, residents can enjoy the freedoms that support theirs and their family's overall health and wellbeing. Additionally, with less COVID-19 infections, there is a decreased risk for workers and lessened impact on the workforce as a whole, resulting in reduced staffing challenges and an overall improved experience for workers.

POLICY STATEMENT

This policy is intended to proactively protect those who are at greatest risk of both exposure and serious harms due to COVID-19, prior to severe outcomes being observed.

The County of Renfrew will take every reasonable precaution in the circumstances for the protection of both vulnerable long-term Care residents in accordance with the Long-Term Care Homes Act, 2007, and workers from the hazards of COVID-19 per *Occupational Health and Safety Act, 1990* (“OHSA”), O. Reg. 79/10, and any other applicable legislation or Directives. The County endeavors to encourage, support and maximize COVID-19 vaccination in its workplaces, and recognizes it as a critical preventative and control measure.

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Towards this effort, a transparent and evidenced based risk analysis framework will be applied to guide the determination of appropriate infection prevention and control and health and safety measures.

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The National Advisory Committee on Immunization (NACI) has outlined key considerations in determining risk, inclusive of immunization status and requirements for booster dose(s) of the COVID-19 vaccine. This risk analysis will guide decision-making, and support re-evaluation at appropriate intervals. **This policy will also be re-evaluated in conjunction with the cessation of the current Chief Medical Officer of Health Directive scheduled for June 10, 2022.**

	Assessment of:	Considerations:
Jurisdictional	Local epidemiology	<ul style="list-style-type: none"> • Circulation of virus, including VoC • Evidence of decreasing protection against severe disease, infection, transmission
	Health system capacity and access	<ul style="list-style-type: none"> • Limited health system capacity to withstand a surge in cases • Reduced access to health care
	Vaccine coverage of primary series in the population	<ul style="list-style-type: none"> • Lower vaccine coverage at a regional population level leads to lower indirect protection and higher risk of breakthrough infection
Individual	Risk of increased waning of protection and/or less protection	<ul style="list-style-type: none"> • Shorter interval between doses in the primary series • Longer time since completion of primary series • Moderately to severely immunocompromised individuals • Vaccination with only viral vector vaccines
	Risk of severe illness from COVID-19	<ul style="list-style-type: none"> • Older age • Underlying medical condition (including those who are immunocompromised and who received a three-dose primary series) • Racialized and marginalized populations who have been disproportionately affected due to a number of intersecting equity factors
	Risk of transmission to individuals at increased risk of severe illness from COVID-19	<ul style="list-style-type: none"> • Close contact with those at risk for severe disease (e.g., healthcare provider, primary caregiver) • Decreased ability to physically distance (e.g., congregate living settings) • Decreased access to infection prevention and control measures

(Source: Public Health Agency of Canada (December 2021). *An Advisory Statement (ACS) National Advisory Committee on Immunization (NACI) Guidance on booster COVID-19 vaccine doses in Canada – Update December 3, 2021.* Retrieved electronically March 10, 2022.)

Based on risk analysis, the precautionary principle supports mandatory vaccination of all County of Renfrew Long-Term Care employees, students, volunteers, support workers,

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essential caregivers, and general visitors against COVID-19 in accordance with the highest level of protection medically recommended for the Long-Term Care Sector.

Vaccination Requirements for all County of Renfrew Long-Term Care employees, students, volunteers, support workers, and essential caregivers include:

- a) all required doses of a COVID-19 vaccine to be fully vaccinated against COVID-19
- b) booster dose(s) of a COVID-19 vaccine authorized by Health Canada in accordance with the highest level protection medically recommended for the long-term care sector.
- c) with 14 days passing after receiving last vaccine *(This 14 days will need to be considered in the context of staffing, and onboarding for new employees)*

General visitors, contract workers and children aged 5-11 are required to provide proof of vaccination including a minimum of the primary 2-doses of a COVID-19 vaccine approved by Health Canada with 14-days passing after receiving their last vaccine.

Visitors of any kind who are not fully vaccinated as outlined above are restricted to outdoor visits, based on the ability of the home to reasonably accommodate.

Exceptions:

- A General Visitor or caregiver attending the home to visit or attend to a resident receiving palliative end-of-life care
- Children/Infants under the age of five (5) provided no vaccine has been approved for this demographic.
- A support worker who is attending the home for emergency or palliative situations, to provide timely medical care, or for the sole purpose of making a delivery

Booster doses following COVID-19 infection confirmed via Rapid Antigen Test (RAT), and/or PCR:

- Individuals who have tested positive for COVID-19 after their primary 2-dose vaccine series, but before receiving the booster dose may be recommended to wait to receive their booster dose until 90 days after testing positive, however, they may receive their booster once they are asymptomatic and isolation completed (with informed consent).

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In this event, the individual is required to provide the home with the date of positive RAT/PCR test, and must provide proof of receiving their booster dose no more than 90 days from date of positive test.

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POLICY SCOPE

This policy applies to all County of Renfrew Department of Long-Term Care employees, students, volunteers, support workers, essential caregivers, and general visitors. This policy covers the following content:

- Proof of vaccination
- Non-vaccinated parties
- Accommodations
- Encouraging vaccination
- Enforcement
- Roles and responsibilities
- Privacy and confidentiality
- Amendments

Consult the appropriate Collective Agreement for any deviations to this policy.

POLICY DEFINITIONS

Covered individuals includes any staff member, student/trainee, volunteer, or other designated essential caregiver currently working in-person in a health care organization, including workers and general visitors that are not providing direct patient care and are frequently in the patient environment (i.e. cleaning staff, research staff, or other administrative staff).

COVID-19 is the infectious disease caused by SARS-CoV-2, a highly contagious virus.

Vaccine(s) refers to a vaccine approved by Health Canada for use in Canada in relation to COVID-19.

Vaccination refers to the administration of a vaccine to protect individuals from COVID-19. It may include the administration of one or more doses of a vaccine.

Vaccinated refers to an individual who has received all recommended doses of a vaccine that is recommended or required **with 14 days passing after receiving last vaccine**.

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POLICY CONTENT

1. Proof of Vaccination

Covered individuals who receive COVID-19 vaccinations are required to submit proof of vaccination using the Ontario Ministry of Health receipt or equivalent with 14 days passing after receiving last vaccine to be permitted access to the Home. **Any covered individuals that begins to work at the County of Renfrew Department of Long-Term Care are required to submit proof of vaccination as a condition of employment.**

Vaccination status information, including vaccine type and the date, time, and location for each vaccine dosage, will be collected, used and disclosed pursuant to The County's Privacy policy, the terms of this policy, and all applicable privacy legislation. Vaccination status information will only be collected, used and disclosed as required for the reasonable purpose of:

- Health and safety planning and as a reasonable precaution to ensure the health and safety of the workforce amidst a pandemic;
- Limited disclosure to County clients as required by the terms of the service relationship or when determined to be necessary and lawful by the County; and
- Administering this policy.
- A receipt of vaccination can be obtained by logging into the Ontario COVID-19 portal at <https://covid19.ontariohealth.ca/>. An acceptable Ontario receipt will look like this:

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Ministry of Health

Ministère de la Santé

Name/Nom: [REDACTED]

Health Card Number/Numéro de la carte Santé: #####1032

Date of Birth/Date de naissance: [REDACTED]

Date/Date: 2021-05-29, 1:43 p.m.

Agent/Agent: COVID-19_mRNA

Product Name/Nom du produit: PFIZER-BIONTECH COVID-19

VACCINE mRNA

Diluent Product: PFIZER Diluent 0.9% Sodium Chloride

Lot/Lot: EW0216

Dosage/Dosage: 0.3

Route/Voie: Intramuscular / intramusculaire

Site/Site: Left deltoid / deltoïde gauche

You have received 1 valid dose(s) / Vous avez reçu 1 dose(s) valide(s)

Vaccine Administered By/Vaccin Administré par: [REDACTED] L.H.

Registered Nurse

Authorized Organization/Organisme agréé:

Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at 1:58 PM / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à 1:58 PM

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2. Non-vaccinated Parties

Covered individuals who do not submit proof of vaccination will be deemed non-vaccinated and will be denied access to the home. Staff will remain on or be placed on an unpaid leave of absence.

3. Accommodation

The County is committed to a workplace free from discrimination and harassment in accordance with the *Ontario Human Rights Code, 1990*. The County will provide reasonable accommodation for covered individuals belonging to a prohibited ground under the *Code*, short of undue hardship. Covered individuals who refuse vaccination due to personal preference do not qualify for accommodation under the *Code*.

Covered individuals seeking accommodation must identify the specific prohibited ground they believe exempts them from vaccination. Those who request accommodation must reasonably participate in the accommodation process by providing information related to the relevant prohibited ground, any limitations or restrictions that exist, and any remedies that may enable accommodation. To discuss possible exemptions related to a prohibited ground, covered individuals should contact their immediate Supervisor and Human Resources. If an exemption is medical in nature, covered individuals should contact an Employee Health Coordinator directly.

Medical Exemptions:

Individuals must provide proof of a valid medical exemption in the form of an enhanced vaccination certificate that:

- confirms that the individual cannot be vaccinated against COVID-19 or cannot receive a subsequent dose of a COVID-19 vaccine for a medical reason
- is issued in accordance with Ministry of Health's guidance on Medical Exemptions to COVID-19 vaccination (as amended)
- specifies the effective time-period for the medical exemption

If the medical exemption is time-limited, the covered individual is required to provide proof of vaccination within 30 days of the medical exemption expiring.

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4. Encouraging Vaccination

To maximize vaccination rates for its workforce, the County will, to the extent possible:

- Assist covered individuals by providing information on COVID-19 vaccination and locations where COVID-19 vaccinations may be administered; and
- Approve reasonable time off requests for covered individuals to access vaccination during work hours with no loss of wages, wherever possible.
- Endeavor to provide on-site access to COVID-19 Vaccination during working hours to facilitate accessibility to the vaccine.

Education: County of Renfrew Long-Term Care Homes shall make available to staff, support workers, student placements, volunteers and caregivers education and/or resources that includes the following information:

- a) how COVID-19 vaccines work
- b) vaccine safety related to the development of the COVID-19 vaccines
- c) the benefits of vaccination against COVID-19
- d) risks of not being vaccinated against COVID-19
- e) possible side effects of COVID-19 vaccination

5. Enforcement

Employees placed on a general non-statutory unpaid leave of absence are subject to Policy E-08 General and Unpaid Leaves of Absences, which outlines the impacts to employee benefit entitlements.

If misleading or false information has been provided with respect to vaccination status, test results or accommodation the County of Renfrew may issue discipline in accordance with Policy H-02 Discipline and Dismissal where necessary.

Vaccination reduces the chance that you will get sick or infected if you are exposed to COVID-19. A layered approach to workplace infection prevention and control measures reduce the chance of being exposed to the virus. COVID-19 vaccines do not replace the need for strict adherence to established COVID-19 public health measures.

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Communication: The County of Renfrew shall ensure that information on the proof of vaccination requirements, is communicated to all covered individuals and to residents and their substitute decision makers.

Communication will include the consequences for individuals who do not provide proof of vaccination, (or approved accommodation) including that they cannot attend the home for the purpose of working, undertaking a student placement, volunteering, or visiting or attending to a resident within the Long-Term Care Home.

Any additional consequences shall be in accordance with the licensees applicable human resource policies, collective agreements, and any applicable legislation, directives and policies. (Source: [Ministers Directive: Long-Term care Home COVID-19 Immunization Policy](#))

6. Roles and Responsibilities

The County of Renfrew recognizes that we all play a role in upholding this policy. The following outlines the various roles and responsibilities placed on all parties in the workplace.

The Employer is responsible for the following:

- Compliance with this policy, and all applicable legal obligations with respect to occupational health and safety, human rights, privacy and other relevant legislation;
- Ensure protection of all covered individuals and take all reasonable precautions to this end;
- Establish, and review as required, all personal protective equipment requirements and preventive measures needed to reasonably protect its workforce from COVID-19;
- Maintain the dignity, privacy and respect of all covered individuals on matters related to this policy; and

Supervisors are responsible for the following:

- Comply with this policy and fulfil all responsibilities assigned to Supervisors;
- Ensure protection of all covered individuals and take all reasonable precautions to this end;

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- Ensure covered individuals are using personal protective equipment and following preventive and control measures set by the County;
- Work with management to collectively administer this policy.

Covered individuals are responsible for the following:

- Comply with all aspects of this policy;
- Use all personal protective equipment required under this policy; and
- Follow all preventive and control measures set by the County with respect to COVID-19.

7. Privacy and Confidentiality

- Information pertaining to medical contraindication, and/or confirmation with respect to any other exemption granted will be collected and stored by the Occupational Health Department.
- Supporting documentation related to any non-medical request for an exemption will be collected and maintained by Human Resources.
- This information will be used internally by the County for the purpose of administration of the policy, outbreak planning and management, workforce management, scheduling and as otherwise permitted or required by law. It will be held in confidence, securely stored and shared only as required to achieve these purposes.
- Staff should note that the County may be required to collect and maintain statistical information and, on request of the Office of the Chief Medical Officer of Health, may need to disclose the statistical information to the Ministry of Health.
- Any other disclosure in accordance with this policy will be de-identified and/or aggregated, unless permitted or required by law (e.g., occupational health or public health reporting etc.).
- Any questions about the collection, use or disclosure of this information should be directed to Human Resources.

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8. Amendments

The County will review this policy and update it reasonably as required to mirror the evolving evidence, and nature of the pandemic.

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Reference Documents:

- Government of Canada. *COVID-19 vaccine: Canadian Immunization Guide*. Retrieved electronically March 11, 2022)
- Government of Ontario. (February 10, 2022) *Ministers Directive: Long-term care home COVID-19 immunization policy*. Retrieved electronically March 11, 2022)
- Occupational Health and Safety Act, R.S.O. 1990, c. O.1. Retrieved electronically March 10, 2022.
- Ontario Human Rights Commission. (September 2021) *Policy Statement on COVID-19 vaccine mandates and proof of vaccine certificates*. Retrieved electronically March 10, 2022.
- Ontario Ministry of Health (February 2022). *COVID-19 Vaccine Third Dose Recommendations*. Retrieved electronically March 10, 2022.
- Ontario Ministry of Health (February 2022). *RESOURCE GUIDE: MINISTERS DIRECTIVE LONG-TERM CARE HOME COVID-19 IMMUNIZATION POLICY*. Retrieved electronically March 22, 2022.
- Long-Term Care Homes Act, 2007, S.O. 2007, c. 8. Retrieved electronically March 11, 2022.
- O. Reg. 79/10: GENERAL under *Long-Term Care Homes Act, 2007, S.O. 2007, c. 8*. Retrieved electronically March 11, 2022.
- Public Health Agency of Canada (December 2021). *An Advisory Statement (ACS) National Advisory Committee on Immunization (NACI) Guidance on booster COVID-19 vaccine doses in Canada – Update December 3, 2021*. Retrieved electronically March 10, 2022.

COUNTY OF RENFREW
EMERGENCY SERVICES REPORT

TO: Health Committee

FROM: Michael Nolan, Director of Emergency Services/Chief, Paramedic Service

DATE: May 11, 2022

SUBJECT: Department Report

INFORMATION

1. Community Paramedic Program Update [Strategic Plan Goal #3]

Community Paramedic Program Visits

Following the expansion of Community Paramedicine for Long-Term Care throughout the Province of Ontario, the County of Renfrew, recognized as a leader in Community Paramedicine, has received requests for visits from surrounding services. In March, paramedics from Lennox and Addington, and in April, paramedics from Peterborough and Quebec City spent time with our Community Paramedics on the road, and with Commander-Community Paramedic Operations, Amber Hultink, and Deputy Chief-Clinical, Mathieu Grenier, to learn more about our program.

A letter of thanks from Ms. Trina McGarvey, (Interim) Director, Emergency Services, Lennox & Addington Paramedic Service, is attached as Appendix ES-I.

2. Clinical Assessment Centres [Strategic Plan Goal # 3]

Assessment Centres at Pembroke/Laurentian Valley (Shady Nook) and Arnprior have now been in operation for more than one month. The centres have been welcomed to the communities as operations and services expand to full potential.

COVID 19 testing for eligible persons scheduled through RCVTAC, is providing opportunities to identify vulnerable members of the community to receive anti-viral treatment daily. Additionally, operations at the centres have taken on a role of supporting health care facilities in the testing of their staff by providing rapid molecular testing. This ensures test results are determined in a quick and accurate manner, allowing staff to return to work as soon as possible.

The expansion of services at the clinics has provided opportunities to individuals experiencing other medical issues impacted by COVID 19 to be assessed by Paramedics, and through consultation with RCVTAC physicians, receive timely, effective treatment.

The former Grove Nursing Home and Shady Nook Recreation Centre are currently serving as the Clinical Assessment Centres under the Renfrew County Virtual Triage and Assessment Centre (RC VTAC) service. We are exploring other options in Laurentian Valley / Pembroke and areas in the Western end of the county as Shady Nook returns to its primary purpose as a recreational centre.

Each Clinical Assessment Centre will require approximately 600 square feet with three to four assessment rooms, washroom facilities and two entrances to the outside of the building. Further requirements include the capacity for vehicles to drive through using a separate entrance and exit plus parking for up to 10 vehicles for staff and patients as there are some wait times due to patients waiting for results, consultations with physicians and paramedics. A backup power source is required for a medical fridge on site and to provide uninterrupted service to patients.

RC VTAC is also exploring expansion opportunities in Cobden, Eganville, Killaloe, Barry's Bay and Deep River to establish more permanent Clinical Assessment Centres.

3. MacLean's Magazine Article

Provided below is a link to an article from MacLean's Magazine entitled "Canadian paramedics are in crisis, PTSD, burnout, and a pandemic. How COVID pushed the country's overworked first responders into emergency territory." By Christina Frangou, April 20, 2022.

<https://www.macleans.ca/longforms/canadian-paramedics-are-in-crisis/>

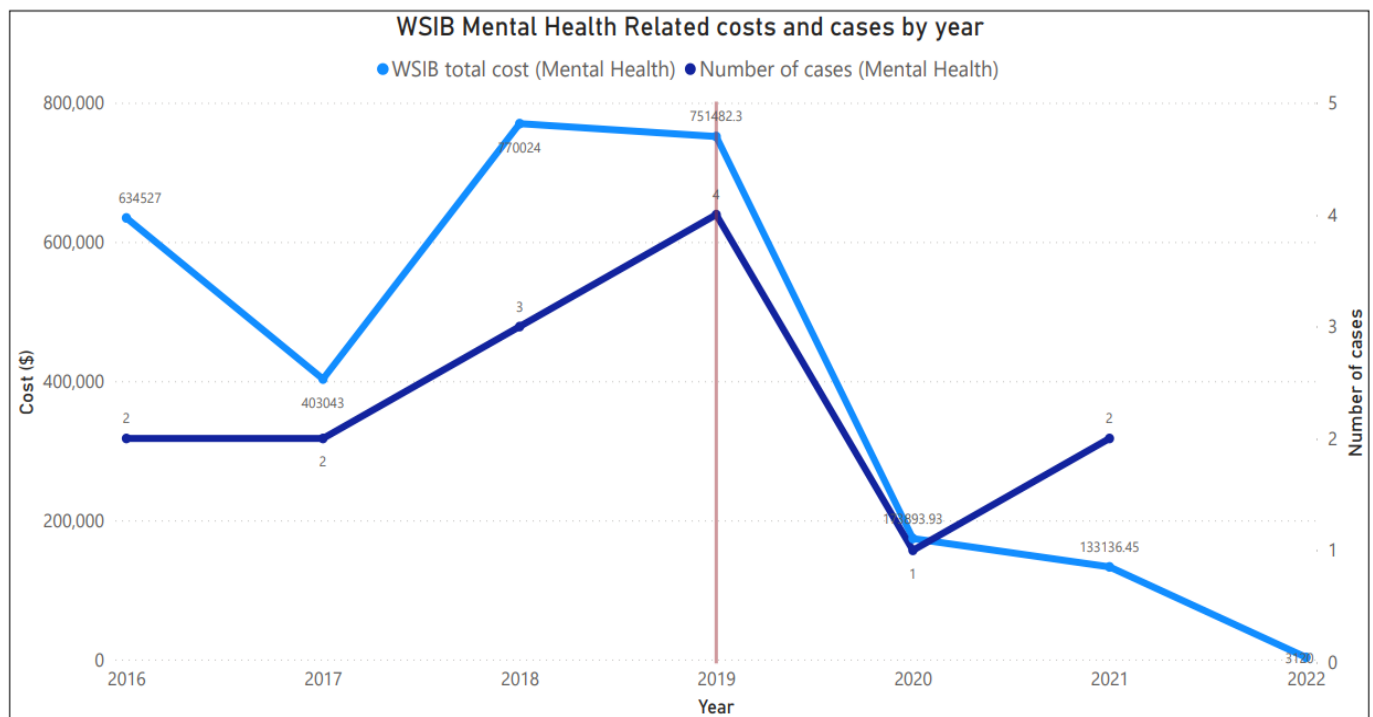
These statements from the Canadian Centre for Suicide Prevention illustrate the debilitating effects of post traumatic stress:

First responders—paramedics, firefighters, police, corrections officers—are considered to be at greater risk for Acute Stress Disorder (ASD) and Post Traumatic Stress Disorder (PTSD) than most other occupations. This is because their everyday duties routinely encounter "traumatic stressors" (Haugen, 2012, p.370).

Some researchers believe that experiencing PTSD is also a high- risk factor for subsequent suicidal behaviours (Sareen, et al., 2007).

- 9.2% of Canadians will experience PTSD in their lifetime (Van Amerigen, 2008).
- First responders experience PTSD 2 times the rate of the average population.
- An estimated 22% of all paramedics will develop PTSD (Drewitz-Chesney, 2012).
- 16 active and 15 retired RCMP officers died by suicide between 2006 and 2014 • Between April and December 2014, 27 first responders died by suicide • In January 2015, 4 first responders died by suicide (Tema Conter, 2015).

To address the mental wellness of our employees and in recognition of the costs of these claims to the ratepayers, the Service contracted Dr. Lori Gray in 2019 and facilitated a Mental Wellness action plan for the Paramedic Service.



Nature of Injury	Total cost	Average cost per claim
Mental disorders or syndromes	\$2,709,594	
Sprains and strains	\$176,865	
Rotator cuff tear or syndrome	\$42,928	
Fractures	\$7,744	
Tendonitis	\$4,532	
Traumatic injuries, disorders, complications, unspecified, NEC	\$3,366	
Bruises, contusions	\$2,446	
Multiple traumatic injuries	\$1,693	
Sciatica	\$1,602	
COVID-19 novel coronavirus	\$983	
Back pain, hurt back	\$675	
Not coded	\$590	
Freezing effects including frostbite	\$549	
Signs and symptoms including contacts/carriers of disease	\$399	
Poisonings, systemic	\$334	

Compass - Generated Report for THE CORPORATION OF THE COUNTY OF RENFREW (1642601)
 Data Source: Workplace Safety and Insurance Board
 Data Maturity: As of January 31, 2022
 Data Notation: includes data from 01/01/2015 to 01/31/2022
 Data downloaded from WSIB Compass tool.
 Report Downloaded On 2022-02-28 9:51:31

One of the key elements to successful management of a Paramedic Service is

a comprehensive staff wellness strategy. This includes a robust and informative Peer Support Program developed with the guidance of trained mental health practitioners.

A Peer Support Program allows trained Paramedics to provide mental health support to their co-workers. With similar backgrounds and experiences, these trained paramedics can offer emotional, social, and/or practical support to their fellow paramedics. Peer support can exist in several forms including; mentoring, listening, advocating, and/or assisting when seeking professional help.

Ongoing Peer Support training will include quarterly workshops to promote ongoing self-care and provide opportunities to attain new skills. These enhancements to our current program include:

- Pre-employment evaluation
- Collaborative care and navigation
- Incident identification and notification
- Early Intervention Process
- Re-exposure Program
- Clear Clinician outcomes.

The Mental Wellness Program has had a clear cost benefit to ratepayers and has successfully assisted Paramedic during the increased demands of the pandemic to receive timely, high-quality early intervention that has reduced long absences and assisted staff to return to work earlier and remain at work.

4. March 31, 2022, Treasurer's Report for Emergency Services/Paramedic Service [Strategic Plan Goal #3 (b)]

The Treasurer's Report for the period ending March 31, 2022, for Emergency Services/Paramedic Service is attached as Appendix ES-II.

5. Palliative Care Research

Commander Amber Hultink is a Co-Author on a manuscript entitled "Palliative Paramedicine: Comparing Clinical Practice through Guideline Quality Appraisal and Qualitative Content Analysis" that has been successfully submitted online to be presented at the World Cancer Congress

in Geneva Switzerland, October 2022. It is further being considered for publication in the Journal of Palliative Medicine.

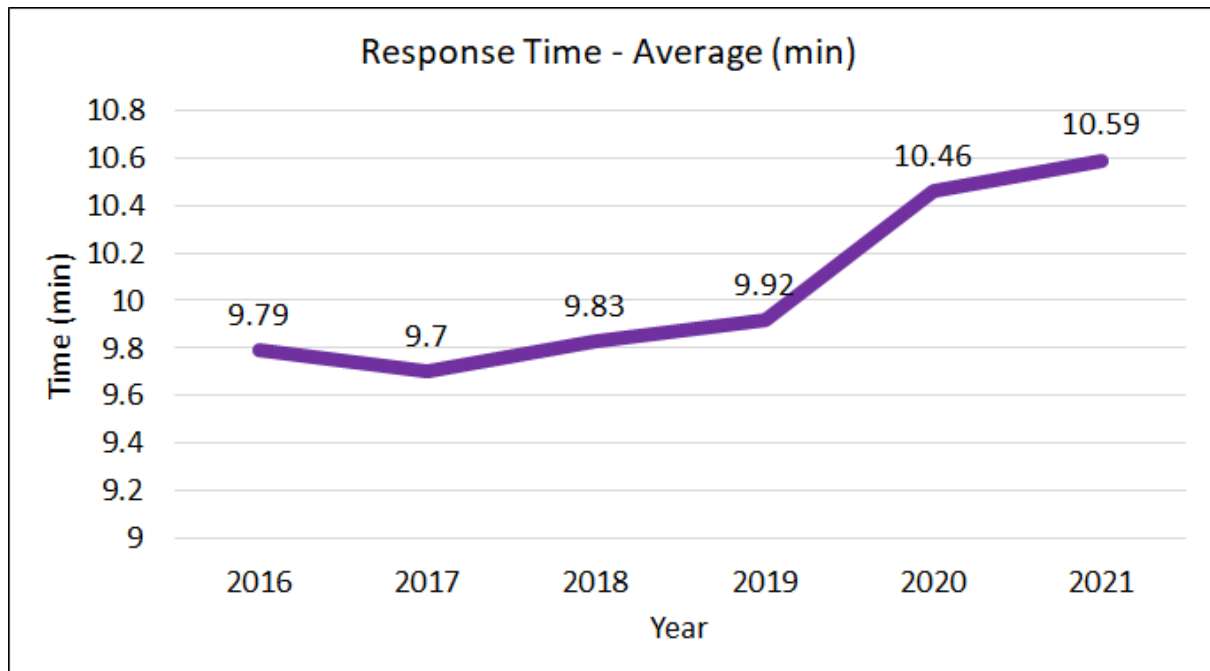
6. Ontario Association of Paramedic Chiefs – Patients First

Attached as Appendix ES-III is a document authored by the Ontario Association of Paramedic Chiefs entitled Patients First: Leveraging Paramedic Services to do more for Ontario's healthcare system – 5 Election Priorities.

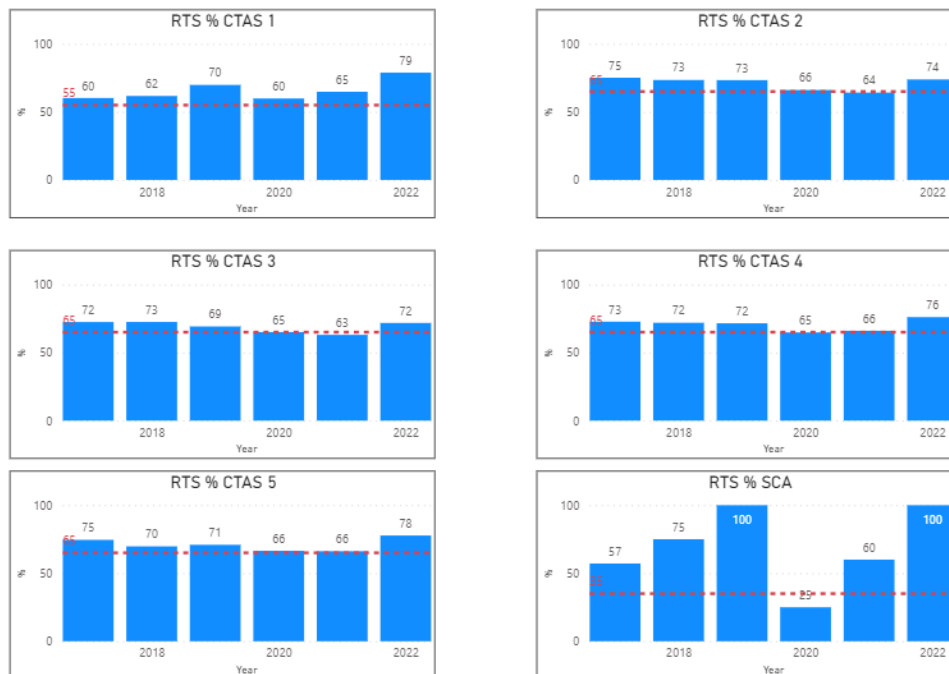
7. Response Time Standards

The Regulation 257/00, section Part VIII under the ambulance act stipulates: All Upper Tier Municipalities and Designated Delivery Agents (UTMs/DDAs) are responsible for the establishment, monitoring, reporting and evaluation of response time performance plans and performance achieved for patients categorized as CTAS 1 to 5 and SCA patients, which are submitted to the ministry on an annual basis.

To achieve this requirement, several significant changes have been made to service delivery and deployment, including adjusting shift starts to accommodate out-of-county transfers, and increasing the Minimum Emergency Coverage. Over the year we have been able to innovate and find creative solutions to ensure the community receives quality delivery of care in a timely manner.



Response Time Standard



With changing demographics and increased demand for services, there has been an increase in call volume of more than 30% in 5 years, and a significant increase in the number of Community Paramedic interventions. The pandemic presented challenges to maintaining response time

standards with higher call volumes, necessity of donning and doffing protective equipment before and after each call and staff absences from fatigue and covid related illness.

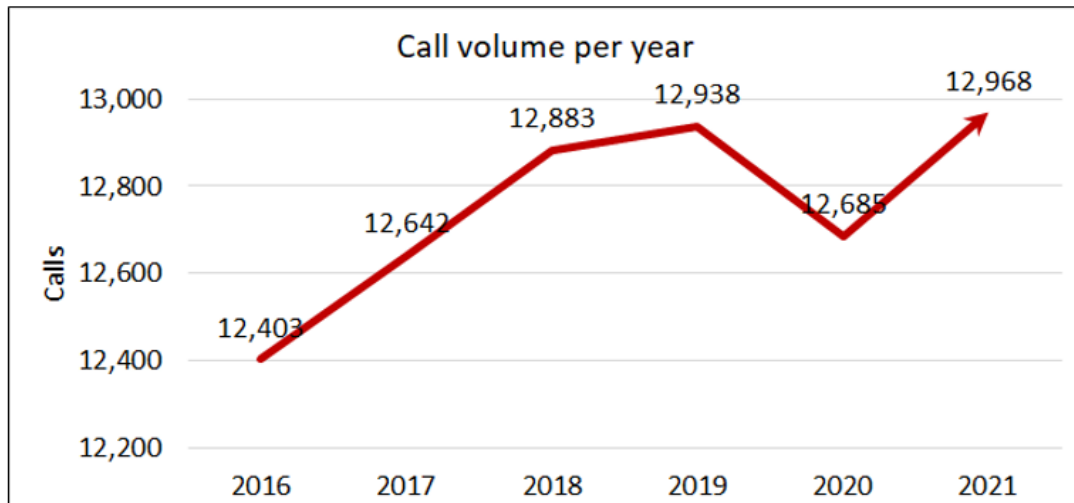


Figure 2. Total call volume over time since 2016 and 2021. The number represents the sum of 9-1-1 calls with codes 1, 2, 3 and 4.

RESOLUTIONS

8. **ConnectWell Request - Letter of Support – [Strategic Plan Goal # 4]**

Recommendation: THAT the Warden be requested to send a letter in support of a proposal by ConnectWell Community Health in Renfrew County for a capital project to develop a Health Hub in Cobden.

Background

ConnectWell Community Health in Renfrew County (previously known as the Whitewater Bromley Community Health Centre) is one of 100+ Community Health Centres (CHCs) and Aboriginal Health Access Centres (AHAC) in the province today. As you know, CHCs stand out from other models of primary care because they deliver an integrated suite of primary health care services by salaried health professionals alongside health promotion and community-based programs tailored to meet the unique needs of people in the communities they serve. Ontario's CHCs are mandated to serve populations who are made more vulnerable because of their income and social status, education and literacy, physical and social

environment, gender, biology and genetic endowment, personal coping skills and health practices, or family and social support networks and inclusion, among others. Specific to Renfrew County our additional risk factors include geography, high incidence of chronic health conditions, falls specific to seniors, and mental health and addictions.

Current Status:

ConnectWell submitted a request for a Capital Project for a Health Hub in June 2021 to address the lack of space and services in Cobden and surrounding area. We have received a letter of endorsement for Stage 1 from Ontario Health East on December 23, 2021. Currently, we are investigating options with local health care and related providers and community leaders to discuss the Health Hub concept, to ensure we can leverage all opportunities so that residents of Renfrew County are provided with optimal care. We continue to research and investigate best practices options to ensure our Community Hub provides enhanced health, social and recreational services for all residents. This project nicely aligns with the goals of the Ottawa Valley OHT in providing a full suite of services through partnerships that allow teams to deliver the entire continuum of care for their patient populations.



March 31, 2022

Michael Nolan
Chief, Renfrew Paramedic Services
9 International Drive
Pembroke, ON
K8A 6W5

Dear Chief Nolan,

I would like to take this opportunity to thank you and your service for hosting our Community Paramedics as we are in the initial stage of setting up the expanded program in Lennox and Addington.

It was helpful for them to experience an effective and fully functioning Community Paramedic Program, and the appreciated the ride out and opportunity to learn from your team.

Again thank you for your assistance and sharing in the success of our Community Paramedic program. Please pass along our gratitude to Commander Hultink and your team.

Sincerely,

Trina McGarvey
(Interim) Director, Emergency Services

cc. Paul Osborn, Superintendent

over / (under)

	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>VARIANCE</u>
<u>PARAMEDIC SERVICE</u>	<u>3,055,884</u>	<u>2,291,858</u>	<u>764,026</u>
Admin - Admin Charge	49,163	49,164	(2)
Admin - Base Hospital Charges	22,038	16,989	5,049
Admin - Communication & Computer Expense	89,416	62,652	26,764
Admin - Conferences & Conventions	0	1,125	(1,125)
Admin - Employee Benefits	132,230	138,526	(6,296)
Admin - HR Charge	60,916	60,915	1
Admin - IT Charge	12,171	12,171	0
Admin - Lease - Internal	30,056	27,501	2,555
Admin - Legal	25,858	9,999	15,859
Admin - Membership Fees	4,008	0	4,008
Admin - Office Expenses	12,654	10,194	2,460
Admin - Professional Development	14,340	11,250	3,090
Admin - Purchased Service	36,883	34,299	2,584
Admin - Salaries	466,926	496,663	(29,737)
Admin - Travel	1,321	9,999	(8,678)
Admin - Uniform Allowances	4,364	0	4,364
Depreciation	278,648	280,251	(1,603)
Paramedic - Base Station - Internal	103,101	104,112	(1,011)
Paramedic - Base Station Expenses	19,591	18,501	1,090
Paramedic - Base Station Lease - External	24,454	19,617	4,837
Paramedic - COVID	82,505	0	82,505
Paramedic - Employee Benefits	870,356	792,022	78,334
Paramedic - Insurance	176,557	170,529	6,028
Paramedic - Insurance Claims Costs	0	2,499	(2,499)
Paramedic - Leased Equipment	0	2,967	(2,967)
Paramedic - Salaries	3,164,978	2,677,491	487,487
Paramedic - Small Equipment & Supplies	102,510	96,636	5,874
Paramedic - Uniform, Laundry	60,634	36,249	24,385
Paramedic - Vehicle Operation & Maintenance	122,707	126,048	(3,341)
Recovery - County	(7,163)	(7,161)	(2)
Recovery - Cross Border - Other Municipalities	0	0	0
Recovery - Other Agency	(4,070)	0	(4,070)
Revenue - Donations	0	(501)	501
Revenue - Interest	0	0	0
Revenue - Municipal Contribution - City of Pembroke	(329,206)	(329,206)	0
Revenue - Other	(30,677)	(31,251)	574
Revenue - Provincial - One Time COVID	0	0	0
Revenue- Provincial Subsidy	(2,262,738)	(2,328,141)	65,403
Surplus Adjustment - Capital	0	478,749	(478,749)
Surplus Adjustment - Depreciation	(278,648)	(280,251)	1,603
Surplus Adjustment - TRF from Reserves	0	(478,749)	478,749
Surplus Adjustment - TRF to Reserves	0	0	0
<u>PARAMEDIC - OTHER</u>	<u>155,133</u>	<u>0</u>	<u>155,133</u>
Comm Paramedic - Expenses	0	0	0
Comm Paramedic - Provincial Subsidy	(91,250)	(98,269)	7,019
Comm Paramedic - Salaries & Benefits	75,621	98,269	(22,648)
LTC - Expenses	160,598	99,999	60,599
LTC - Provincial Subsidy	0	(530,768)	530,768
LTC - Provincial Subsidy	0	0	0
LTC - Salaries & Benefits	(0)	430,769	(430,769)
LTC - Surplus Adjustment - Capital	0	0	0
LTC - Surplus Adjustment - Depreciation	(11,256)	0	(11,256)
Vaccine - Expenses	622	5,001	(4,379)
Vaccine - Salaries & Benefits	186,940	99,616	87,324
Vaccine - Provincial Subsidy	(187,561)	(104,617)	(82,944)
VTAC - Expenses	46,277	144,612	(98,335)
VTAC - Revenue - Other Agency	(315,617)	(311,954)	(3,663)
VTAC - Salaries & Benefits	290,760	167,342	123,418
VTAC ADMIN - Salaries & Benefits	164,183	200,578	(36,395)
VTAC ADMIN- Expenses	9,662	0	9,662
VTAC ADMIN- Revenue - Other Agency	(173,845)	(200,578)	26,733
<u>EMERGENCY MANAGEMENT</u>	<u>100,779</u>	<u>90,039</u>	<u>10,740</u>
911	49,654	60,000	(10,346)
Admin Charge (Paramedic Service)	7,163	7,161	2
Emergency Management	43,961	14,628	29,333
Fire Services Charges	0	0	0
Purchased Service	0	8,250	(8,250)
Recoveries - Other	0	0	0
Totals	3,311,795	2,381,897	929,898



Patients First

Leveraging Paramedic Services to do more for Ontario's healthcare system

5 ELECTION PRIORITIES



“Julie saved my life.”

Overview

Governments, healthcare professionals and Ontarians want the same thing: **a seamless healthcare system that puts patients first.**

However, the system is facing pressures – overcrowding, waitlists, disparities, opioids and more. We need strong, bold leadership to make meaningful change, increase collaboration and coordination, and solve problems that are decades old.

Quote from Community Paramedicine patient, Kawartha Lakes, May 2022

View the [full video](#) of patient, Marie McAuley, sharing her story.

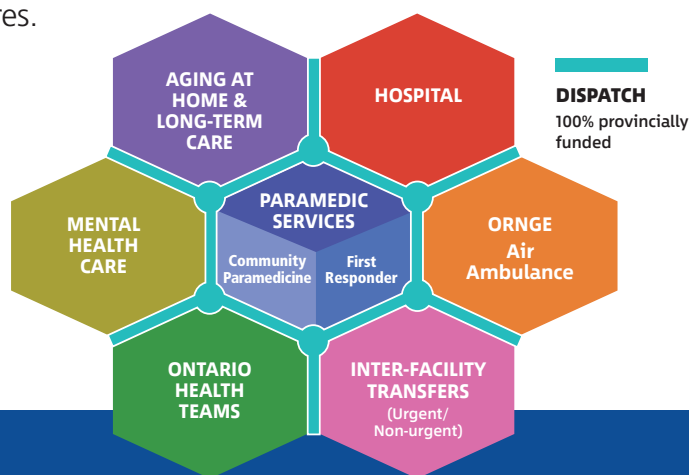
Paramedics' unique role

We are the only health professional to sit at the centre of health care, public health, public safety and caring for an aging population. Like no other in health care, we are mobile and agile. Our role has evolved. We provide expert, trusted care where it's needed in every community.

Every day, paramedics across Ontario are finding and implementing solutions that help relieve system pressures.

There is more we can do to:

- ✓ Improve patient outcomes and their quality of life
- ✓ Reduce demands on hospital emergency rooms
- ✓ Offset the high costs of hospital use
- ✓ Increase standards and quality of care
- ✓ Use resources more efficiently



5 PRIORITIES THAT PUT PATIENTS FIRST

- * Address patient flow to reduce emergency department pressures
- * Embed Community Paramedicine as part of paramedic service delivery
- * Include paramedics in the Regulated Health Professionals Act
- * Align dispatch with municipal responsibility and accountability
- * Address paramedic health human resources needs and shortages



Address patient flow to reduce emergency department pressures

Patients in the care of paramedics must be triaged as a first priority at all hospitals, every time.

- Recognize paramedic delay in hospitals as a risk to public safety.
- Encourage hospital leadership to take a 'whole hospital' approach to address offload delays.
- Mandate Fit2Sit programs that allow patients arriving by ambulance to sit in the waiting room if their condition allows.
- Create incentives for hospitals to meet the 30-minute off-load target through a Pay for Performance model.
- Encourage Community Paramedic referrals from hospital and home and community care to reduce the burden of Alternate Level of Care and ensure patient flow.



Embed Community Paramedicine as part of paramedic services across Ontario

The evidence is clear. Community Paramedicine (CP) programs are working. They allow communities to take advantage of the needed healthcare skills of paramedics to solve local challenges. They should be embedded, with permanent funding, as part of the delivery of paramedic services..

Implementing CP across the province will result in:

- Reduced health system costs
- Patients diverted from emergency rooms
- Individuals staying at home longer, reducing pressure on long-term care
- Increased access to needed primary community or home healthcare
- Health equity issues addressed
- Critical gaps filled related to seasonal surges and influenza

Councillor highlights 'incredible' success of Sudbury's community paramedicine program

Sudbury.com, October 2021

Community paramedicine program cutting 911 calls, ER visits

TB News Watch (Thunder Bay), December 2021

Paramedicine Community Care are angels among us

Toronto Star, May 2021

These paramedics are helping give Canadians the choice to die at home

(about community paramedics) CBC Radio, White Coat, Black Art, August 2021



Include paramedics in the Regulated Health Professionals Act. Create a Regulatory College.

A self-regulating college for paramedics is long overdue. Paramedics should have the same self-regulation as other health professions such as nurses, midwives and massage therapists. Ontario can follow the lead of other provinces and reduce bureaucratic layers within the Ministry of Health.

A college would:

- Increase public trust, safety and patient care
- Increase paramedic standards, accountability and transparency that would achieve higher levels of performance, proficiency and care
- Drive consistent service
- Relieve pressures from base hospitals that oversee local paramedic services
- Allow portability of credentials across the province... and more



Align dispatch with municipal responsibility and accountability

Dispatch reform must be a priority. It brings the system together and is the coordination point. It should be a system navigator, improving patient care by putting the right resources in the right place at the right time considering local needs.

- Fast track the rollout of Medical Priority Dispatch System (MPDS) and all its components.
- Create stronger integration with local paramedic services.
- Create a third-party accreditation model for dispatch to ensure consistency and unbiased assessment.
- Allow municipal oversight at the communications centre to ensure the efficient use of resources.



Address paramedic health human resources needs and shortages

- Allow flexibility to permit second-year paramedic students to work as Emergency Medical Attendants.
- Expand recruitment options and allow efficient recruitment and qualification transfers of students, graduates, experienced paramedics from across Canada and internationally.

Ambulance offload delays at Niagara hospitals are costing taxpayers millions

Welland Tribune, April 2022

Staffing shortages burning out Toronto paramedics

Toronto Sun, January 2022

Canadian paramedics are in crisis

Macleans, April 2022

Another call to action to deal with opioid crisis

CTV News, Northern Ontario, February 2022

Strong provincial leadership will change the story

These stories are real and recent.

Ambulances stuck in hospitals while patients wait on living room floors or in a crashed car. Staffing shortages stretching resources and causing burnout. Rapid population growth in those over age 85, putting more pressure on the system. The aging on long-term care waitlists for years. An opioid crisis that is getting worse.

Many of these issues have been around for decades. Strong leadership with committed action can change the story.

Time and again paramedic services have stepped up to provide timely, mobile care and respond to quickly moving situations. We have shown we adapt quickly and efficiently.

Paramedic Services in Ontario are ready to be a part of solutions toward a seamless health system that puts patients first.

The need is now. The time is now. Paramedic Services are ready.

Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"



Board of Health

Regular Board Meeting, via GoToMeeting

Tuesday, March 29, 2022

The Regular meeting of Renfrew County and District Health Unit's Board of Health was held on the virtual software platform—*GoToMeeting*. Members were present by audio and/or video.

Members:

Ann Aikens	Chair
Christine Reavie	Vice-Chair
James Brose	Member
Michael Donohue	Member
J. Michael du Manoir	Member
Jane Dumas	Member
Peter Emon	Member
Joanne King	Member
Wilmer Matthews	Member
Jennifer Murphy	Member
Carolyn Watt	Member

Staff:

Dr. Robert Cushman	Acting Medical Officer of Health
Heather Daly	Acting Chief Executive Officer/Director, Corporate Services
Dr. Michelle Foote	Public Health Physician
Marilyn Halko	Executive Assistant (Secretary)
Patti Smith	Director, Director Health Promotion
Lindsey Cameron-Dermann	

01. Call to Order

Chair Aikens called the meeting to order at 10:00 a.m.

02. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 BoH 2022-Mar-29

Moved by C. Reavie; seconded by J. Murphy; be it resolved that the Board approve the agenda, as presented.

Carried

03. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

04. Delegations

There were no delegations.

05. Minutes of Previous Meetings (Approval)

- a. Regular Meeting Minutes 2022-Feb-22

The meeting minutes were approved for Tuesday, February 22, 2022.

Resolution: #2 BoH 2022-Mar-29

Moved by J. King; seconded by W. Matthews; be it resolved that the Board approve the meeting minutes from the Regular Board meeting held on Tuesday, February 22, 2022, as presented.

Carried

06. Business Arising

- a. Action List—Regular Board Meeting—2022-Feb-22

All items from [Action List](#) were completed or deferred to a later date.

J. M. du Manoir left the meeting at 10:06 a.m.

07. Staff Reports

- a. Report to the Board—Dr. Robert Cushman, Acting Medical Officer of Health
Dr. Robert Cushman gave an update to the Board on current COVID-19 activity in Renfrew County and District.

Lindsey Cameron-Dermann, Coordinator, Epidemiology and Health Analytics, presented the following:

- [RCDHU COVID-19 Epidemiology Report—2022-Mar-29](#).

J. M. du Manoir rejoined the meeting at 10:10 a.m.

Dr. Michelle Foote gave an update on COVID-19 activity in RCD schools.

The Chair called for questions and comments from the Board.

M. Donohue left the meeting at 10:24 a.m.

M. Donohue rejoined the meeting at 10:30 a.m.

Resolution: #3 BoH 2022-Mar-29

Moved by W. Matthews; seconded by J. M. du Manoir; be it resolved that the Board accept the Report to the Board from Dr. Robert Cushman, Acting Medical Officer of Health.

Carried

Chair Aikens thanked Dr. Cushman, Dr. Michelle Foote and Lindsey Cameron-Dermann for their *Report to the Board*.

L. Cameron-Dermann left the meeting at 11:00 a.m.

08. Board Committee Reports

a. Governance

Committee Chair Joanne King presented the following:

- [Governance Committee Board Report](#).

Chair Aikens reviewed the item on the *Report* and called for questions and comments from the Board.

Resolution: #4 BoH 2022-Mar-29

Moved by J. Dumas; seconded by C. Reavie; be it resolved that the Board accept the Governance Committee Board Report.

Carried

b. Resources

Committee Chair J. Michael du Manoir presented the information item on the following report to the Board:

- [Resources Committee Board Report](#).

Resolution: #5 BoH 2022-Mar-29

Moved by J. M. du Manoir; seconded by J. Brose; be it resolved that the Resources Committee Resolutions Item #1. "2022 RCDHU Draft Budget and Annual Service Plan" be severed from the Committee Report and be considered separately.

Carried

The Board Chair reviewed the information item and called for questions and comments from the Board.

Resolution: #6 BoH 2022-Mar-29

Moved by C. Watt; seconded by J. M. du Manoir; be it resolved that the Board accept the Resources Committee Board Report, with the exception of the severed resolution.

Carried

The Board discussed in detail the [2022 RCDHU Draft Budget and Annual Service Plan](#), as presented by Committee Chair du Manoir.

H. Daly answered questions from the Board.

The Board Chair called for further questions and comments.

Going forward any adjustments made to quarterly reports, by funding sources, will be included in the Budget Notes.

Resolution: #7 BoH 2022-Mar-29

Moved by C. Reavie; seconded by W. Matthews; be it resolved that the Resources Committee recommend that the Board approve the Annual Service Plan/2022 Budget, for submission to the Ministry of Health.

Carried

09. Correspondence

The Board received the following correspondence:

Subject:		From:	Action:
a.	Health and Racial Equity: Denouncing Acts and Symbols of Hate	<ul style="list-style-type: none"> Public Health Sudbury and Districts 	<ul style="list-style-type: none"> Received as information
b.	Congratulation letter—C. Watt and OIC	<ul style="list-style-type: none"> The Honourable Christine Elliott, Deputy Premier and Minister of Health 	<ul style="list-style-type: none"> Received as information.
c.	Opioid Crisis Advocacy Letter	<ul style="list-style-type: none"> Simcoe Muskoka District Health Unit 	<ul style="list-style-type: none"> Received as information.
d.	alPHA Cover Letter for alPHA Elections Primer for 2022	<ul style="list-style-type: none"> Association of Local Public Health Agencies 	<ul style="list-style-type: none"> Received as information.

e.	<u>alPHa Elections Primer</u>	<ul style="list-style-type: none"> • Association of Local Public Health Agencies 	<ul style="list-style-type: none"> • Received as information.
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Dr. Cushman left the meeting at 11:26 a.m.

Chair Aikens will contact the heads of Renfrew County and District's obligated municipalities to set up a meeting, as soon as possible, for discussion regarding consistent coordinated messages to the Province.

10. By-Laws

There were no By-Laws.

11. New Business

There was no new business.

12. Notice of Motion

There was no notice of motion.

13. Closed

There was no closed session.

14. Date of Next Meetings

The date of the next Regular Board meeting is Tuesday, April 26, 2022, at 10:00 a.m., or at the call of the Chair.

As requested by the Board, the meeting will be held on the virtual software platform—*Microsoft Teams*.

15. Adjournment

Resolution: #8 BoH 2022-Mar-29

Moved by J. King; seconded by W. Matthews; be it resolved that the Regular Board of Health meeting be adjourned at 11:47 a.m.

Carried

The Regular Board meeting, held by *GoToMeeting*, adjourned at 11:47 a.m.

Chair

These meeting minutes were approved by the Board at the Regular BoH meeting held on Tuesday, April 26, 2022.