



HEALTH COMMITTEE

Wednesday, June 15, 2022 – 9:30 a.m.

AGENDA

1. Call to order.
2. Land Acknowledgement.
3. Roll call.
4. Disclosure of pecuniary interest and general nature thereof.
5. Adoption of minutes of previous meeting held on May 11, 2022.

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6. Emergency Services Department Report	3
7. Long-Term Care Report	23
8. Board of Health Minutes – April 26, 2022.	48
9. New Business.	
10. Closed Meeting to discuss: Labour relations or employee negotiations (collective bargaining).	
11. Date of next meeting (Wednesday, August 10, 2022) and adjournment.	

NOTE: (a) County Council: Wednesday, June 29, 2022.

(b) Submissions received from the public, either orally or in writing may become part of the public record.

Strategic Plan

Strategic Plan Goal # 1: To inform the Federal and Provincial government on our unique needs so that Renfrew County residents get their “fair share”.

Initiatives:

- (a) Create a strategic communications plan**
- (b) Identify and advocate for issues important to the County of Renfrew.**

Strategic Plan Goal # 2: Fiscal sustainability for the Corporation of the County of Renfrew and its ratepayers.

Initiatives:

- (a) Commitment from Council supporting principles within the Long-Term Financial Plan**
- (b) Establish Contingency Plan to respond to provincial and federal financial pressures and opportunities beyond the Long-Term Financial Plan.**

Strategic Plan Goal # 3: Find cost savings that demonstrate our leadership while still meeting community needs.

Initiatives:

- (a) Complete community needs assessment**
- (b) With identified partners implement plan to optimize service delivery to the benefit of our residents.**

Strategic Plan Goal # 4: Position the County of Renfrew so that residents benefit from advances in technology, to ensure that residents and staff have fair, affordable and reasonable access to technology.

Initiatives

- (a) Ensure that the County of Renfrew is top of the list for Eastern Ontario Regional Network funding for mobile broadband**
- (b) Lobby for secure and consistent radio systems for first responders and government**
- (c) Put a County of Renfrew technology strategy in place.**

COUNTY OF RENFREW
EMERGENCY SERVICES REPORT

TO: Health Committee

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

DATE: June 15, 2022

SUBJECT: Department Report

INFORMATION

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

Commander Amber Hultink presented the work published for the Canadian Standards Association (CSA) – “Advances in Community Paramedicine in Response to COVID-19” at the inaugural Canadian Paramedicine Research Day, a virtual event held on May 26, 2022.

Ms. Rebecca Ihilchik, Senior Communications Specialist at the Centre for Aging + Brain Health Innovation (CABHI), advised that a brief spotlight feature on the Community Paramedic Program would be included in the upcoming CABHI annual report (to be published in July). It will read as follows:

Rural paramedic seniors’ care training

*Paramedics are well-situated to work collaboratively with other community partners to ensure patients receive the in-home services and care they require. This is particularly true in rural communities, where health services may be geographically or otherwise difficult for locals to access. The County of Renfrew, Ontario runs the **Community Paramedicine Program** to train paramedics on effectively caring for older adults and other vulnerable populations. The program aims to help patients live safely at home, decrease emergency room visits, and educate family and caregivers. During home and community visits, community paramedics complete a host of healthcare tasks, including fall risk assessments, medication management and*

administration, and blood work. CABHI helped advance the program through funding for COVID-19-specific care education during the pandemic.

2. Paramedic Research Day

With the help of generous sponsors, the County of Renfrew Paramedic Service hosted their third annual Research Symposium, “Pushing Evidence-Based Boundaries in Paramedicine”, was held in Burnstown on June 14, 2022.

Paramedic researchers and academics from across the world presented both contemporary and primary research related to the field of paramedicine. This was an opportunity to showcase the advancements the profession has made through dedicated research and innovation. A booklet providing an agenda and brief biography for each presenter is attached as Appendix ES-I for Committee’s information.

BYLAWS

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

Recommendation: THAT Health Committee recommends that a By-law be passed at the next session of County Council authorizing the Warden and CAO to sign the Lease Agreement between the County of Renfrew and ConnectWell Community Health to locate an RCVTAC Clinical Assessment Centre in Cobden to expand services in the eastern and western ends of the County of Renfrew.

Background

The proposed lease with ConnectWell Community Health in Cobden (attached as Appendix ES-II), will expand services currently available through existing Assessment Centres to the communities in the eastern and western ends of the County of Renfrew by providing a central location to access testing and treatment of COVID-19, vaccinations, and other health and wellness services.

RCVTAC has seen an expansion in the variety of calls received for medical services. The ability of RCVTAC to support physicians by providing physical assessments from a simple height/weight evaluation for proper medication prescription, to diagnostic tests for Streptococcus A, to latent health issues

that are discovered during routine clinical assessments all contribute to improving patient health and the effectiveness of RCVTAC.

4. Hospital/Paramedic Service Partnership [Strategic Plan Goal # 3]

Recommendation: THAT Health Committee recommends that a By-law be passed at the next session of County Council authorizing the Warden and CAO to sign the Agreement between the County of Renfrew and Pembroke Regional Hospital for a partnership with the County of Renfrew Paramedic Service to include an Advanced Care Paramedic in the Emergency Department.

Background

This agreement was brought forward in January 2021. It has been revised to request Advanced Care Paramedics only and is attached as Appendix ES-III.

Several pressure points including staffing shortages, particularly in hospital ERs have had detrimental effects to service delivery by increasing off-load delays and ability to provide coverage to our community.

For the past 10 years, Paramedics have increased knowledge, scope of practice and ability to the point that hospitals look to the Paramedic Service for solutions to assist with patient care.

The benefits of including Advanced Care Paramedics in the Emergency Department care team, working with our health care partners to alleviate off-load delays, ensure continuity of care, and keep patients from falling into the cracks of an over-taxed system.

The opportunity exists to have a Paramedic placed in the Emergency Department, at no cost to the County of Renfrew, to assist our hospital partners while increasing the level of knowledge clinically and at a system level.

From an Ontario Health integration perspective, this partnership of care for our patients is an opportunity to collaborate and break the systemic health care silo that currently exists – this is a model of the future.



THE COUNTY OF RENFREW
PARAMEDIC SERVICE

RESEARCH SYMPOSIUM

PUSHING EVIDENCE BASED BOUNDARIES IN PARAMEDICINE 2022

PROUDLY SPONSORED BY:



June 14th, 2022 || 8:30 - 16:30

The Neat Coffee Shop || Burnstown, ON

renfrewparamedics.ca

@RenCtyParamedic

AGENDA

8:30-9:00	Registration & Welcome	
9:00-9:45	Opening Keynote: Dr. Sandy MacQuarrie	An international view point on how to spark and sustain research in paramedicine
9:45-10:15	Dr. Alan Batt	Do we practice what we preach? A 5 year update
10:15-10:30	Rashma Manjra	Human Trafficking: Recognizing the signs- education for paramedics
10:30-11:00	Break	
11:00-11:30	Chelsea Lanos	The role of paramedics in the setting of out-of hospital death, palliative care and end-of-life care
11:30-12:00	Dr. Lori Gray	Mental health: Where we missed the mark
12:00-13:00	Lunch	
13:00-13:30	Afternoon Keynote: Dr. Shane Knox	Nurturing paramedic led research - more than shamrocks, leprechauns, and dark beer
13:30-14:00	Sophia Gocan & Mike Muldoon	Community paramedicine and post-stroke follow up
14:00-14:30	Dr. Polly Ford-Jones	Defining mental health calls
14:30-15:00	Break	
15:00-15:30	Sean Culliney	Traumatic brain injury treatments in the pre-hospital setting
15:30-16:00	Jay Walker	Leveraging evidence to reshape paramedic specialty programs
16:00-16:45	Closing Keynote: Georgette Eaton	Defining mental health calls: The importance of the social determinants

Sophia Gocan

Community paramedicine and post-stroke follow up

Sophia Gocan, RN, MScN, CNN(C) - CRSN Nurse Specialist, Stroke Prevention

Sophia is a Stroke Prevention Nurse Specialist within the Champlain Regional Stroke Network at the Ottawa Hospital. She received her Bachelor of Science in Nursing from the University of Western Ontario in 1996 and completed her Master of Science in Nursing at the University of Ottawa in 2012. Sophia is Neuroscience Nursing certified with the Canadian Nurses Association. Sophia is involved in various aspects of clinical assessment, triage, education, and consultation as well as the integration of stroke best practices across the Champlain Region.

In addition to her clinical responsibilities, Sophia has been involved in research focused on neurological nursing assessment in acute stroke, successful strategies for smoking cessation, diagnosis of minor stroke/transient ischemic attack, gender-specific issues in stroke care and factors which expedite access to urgent carotid revascularization for stroke prevention. Sophia has recently worked in collaboration with regional experts and three Community Paramedic teams to develop and implement a post-stroke follow-up program.



Mike Muldoon

Community paramedicine and post-stroke follow up

Several years ago, Mike Muldoon found himself on the floor of his basement crawling up flights of stairs to get help while experiencing the signs of a stroke. After being rushed to the stroke centre to receive appropriate care, Mike was release and sent home to set out a path to recovery that encompasses his personal motto of "Life, to be lived, to be loved". Mike is an ambassador and true advocate of Paramedics and Community Paramedicine.

73 years young and affectionately know as "Farmer" to those close to him, he has a story of grit, tenacity, and recovery that empowers all who have the privilege to hear. Farmer has a passion for riding his BMW GS 1200 motorcycle wherever he can with whomever he can, and most recently spending five months riding to and through Mexico and back.

It's a privilege for Mike to call the County of Renfrew home and to be a living testimony for the great research and programming in the areas of stroke prevention, treatment and recovery in the Ottawa area.



Georgette Eaton

**Defining mental health calls:
the importance of the social determinants**

@georgette.eaton

Georgette Eaton is a clinical academic Advanced Paramedic and an NIHR Doctoral Research Fellow at the University of Oxford, England. Her DPhil (PhD) project seeks to explore the impact of paramedics in NHS primary care, using realist approaches to improve understanding, support intelligent policy and make recommendations for future workforce planning. This also involves learning from other community paramedic programmes, such as those in Ontario. Georgette is also the Trustee for Research on the Board of Trustees for the College of Paramedics, where she also holds other roles within the professional body, including National Education Advisor for England (Alternate) on the Education Advisory Group (setting the nationwide strategic direction of paramedic education) and as a clinical member of the Primary and Urgent Care Special Interest group – focusing on the employment of

specialist and advanced paramedics in these settings. Outside of work and study, Georgette is a keen triathlete and ultra-runner.

Rashma Manjra

**Human trafficking: Recognizing the signs-
education for paramedics**

raishma-lawson-092552222

Rashma Manjra is a second year paramedic student at Fanshawe College. She has a background in crisis intervention with Middlesex Victim Services and 10 years in harm reduction with various youth centred programs in Toronto. She took an interest in the topic of human trafficking and the training currently available to paramedics because she wanted to see if this is an area that can see improvements and how those can benefit the community.



SPEAKERS

Chelsea Lanos

The role of paramedics in the setting of out-of hospital death, palliative care and end-of-life care

 @cjlanos

Chelsea Lanos ACP BSc MSc(c) – Chelsea is an Advanced Care and Community Paramedic with the County of Renfrew Paramedic Service. She holds a BSc from the University of Ottawa, and recently submitted her dissertation for examination as part of her candidature for an MSc in Critical Care at Cardiff University. Chelsea is a Clinical Research Assistant with The Ottawa Hospital Research Institute's Clinical Epidemiology program and fellow with the McNally Project for Paramedicine Research. Chelsea is a strong advocate for paramedic led research, and her interests are primarily founded in organ and tissue donation as it relates to the role of paramedics in the setting of out-of-hospital death, palliative and end-of-life care, and the implications of medical ethics on advanced care directives in the paramedic setting.



Jay Walker

Leveraging evidence to reshape paramedic specialty programs

 @jawmedic

 J.Albert Walker

Jay's professional career stretches over 3 decades in Nova Scotia with a number national and international accomplishments in paramedic advocacy and research roles. Jay has participated in a number of innovative research projects and pilot programs that have encouraged transformation change in not only Canadian, but also international paramedic communities. Jay currently works in Nova Scotia as the Provincial Manager of the Emergency Preparedness and Special Operations Program.



Dr. Shane Knox

Nurturing paramedic led research - more than shamrocks, leprechauns, and dark beer

@shaneknox1

Dr. Shane Knox is an Advanced Paramedic and Assistant Chief Ambulance officer - Education Manager, in the Irish National Ambulance Service College. He was the first Paramedic in Ireland to graduate with a PhD and the first appointed as an Adjunct Clinical Professor (University College Cork (UCC)). Shane commenced his ambulance career in 1990 with the Northern Ireland Ambulance Service and progressed to the grade of Registered Paramedic (UK) before joining the Irish Ambulance Service in 1999 as an Emergency Medical Dispatcher in what was the first advanced medical priority dispatch system (AMPDS) centre in Ireland. In 2002 he was promoted to the position of Training Officer in the Ambulance College and was again promoted in 2011 to his current position.

He is currently responsible for the delivery of all educational programmes within the National Ambulance Service College (NASC), over three regional sites where a team of Advanced Paramedic Education and Competency Assurance Officers deliver programmes of education to a multitude of pre-hospital practitioner students including emergency medical technicians (EMTs) paramedic and advanced paramedic students.

He is the Author of the Regulatory Body's (the Pre-Hospital Emergency Care Council - PHECC) Emergency Medical Technician (EMT) 'Continuous Professional Competence' (CPC) guidance document which was used to introduce mandatory CPD requirements for PHECC EMT practitioners in Ireland in 2013, and has multiple publications in this field of practitioner competence.

Shane was a Member of PHECC Council (2015-2020), appointed by the Minister for Health, and was the Chair of their Education and Standards Committee as well as a member of their Medical Advisory Committee. He is also a member of the Faculty of Pre-Hospital Care at the Royal College of Surgeons in Edinburgh and a Registered Paramedic in the United Kingdom.

International engagement:

- Dr. Knox was recently nominated to the technical committee for the development of the 2023 Canadian National Occupational Standards for Paramedics.
- Shane is part of a small team of volunteers who have been visiting Pakistan since 2007. In that time, they have provided programmes of education for ambulance personnel in the province of Punjab and have trained many Pakistani EMS instructors. He provides quality assurance of their programmes and examinations, through biannual visits.
- In 2019, Shane was appointed as an International Reviewer (EMS) for the Commission for Academic Accreditation, Abu Dhabi, UAE and was part of the External Review Team for review of paramedic programmes at universities within the UAE in November 2020. He was appointed External Examiner on the Pre-Hospital Care BSc Programme in Coventry University (UK) and appointed Adjunct Professor, Medical Education at Nishtar Medical University, Multan, Pakistan.
- In March 2021, Shane was re-appointed as Adjunct Clinical Professor by the University College Cork, Ireland and is the only paramedic in Ireland to hold such a position.

Dr. Lori Gray

Mental health: where we missed the mark

lori-gray-80101168

Dr. Lori Gray is a clinical, forensic, and rehabilitation psychologist whose focus has been on supporting our first responders and helping professionals. She provides consultation, early intervention, assessment, treatment, education, and program development for the emergency services and high trauma sectors.

Her background includes experiences such as the staff psychologist for one of the largest paramedic services in Canada, Centre for Addiction and Mental Health (Psychological Trauma Program and the Law and Mental Health Program), Detroit Receiving Hospital (level one trauma centre in inner city Detroit), Ministry of the Attorney General, Correctional Service of Canada, private practice, and postsecondary teaching.

She has received the Future Pioneers of Psychology Award from the American Psychological Association, Early Career Achievement Award from the Canadian Psychological Association Traumatic Stress Section, Odyssey Early Career Achievement Award and GLAD Award for Teaching and Mentorship from the University of Windsor, and other awards from agencies such as the International Society for Traumatic Stress Studies, Canadian Psychological Association, and Social Sciences and Humanities Research Council of Canada.

Dr. Gray has served on the Chief Coroner of Ontario's expert panel on police officer deaths by suicide. She has also served on advisory boards for the Paramedic Chiefs of Canada, Paramedic Association of Canada, and the Canadian Standards Association, as well as the Board of Directors for the Ontario Psychological Association, Chair of the Ontario Psychological Association Disaster Response Network, Consulting Psychologist to the Increasing Access to Structured Psychotherapy Program through the Waypoint Centre for Mental Health Care and Ontario Ministry of Health and Long-Term Care, and the Mental Health Lead for Camp FACES (Families and Children of the Emergency Services).

She currently serves on the Executive Committee and the Board of Directors for the Canadian Fallen Firefighters Foundation and as the Supervising Psychologist for multiple first responder peer support programs. She is the Founder of Frontline Resilience based in Barrie, ON, which provides support to Ontario first responders and emergency services.





Dr. Polly Ford- Jones

**Defining mental health calls:
the importance of the social determinants**

@PollyFordJones

Polly Ford-Jones AEMCA, MA, PhD, is a Professor in Allied Health at Humber Institute of Technology & Advanced Learning in Toronto and a practicing Primary Care Paramedic in southern Ontario. She completed her PhD in Health Policy and Equity at York University and is a qualitative researcher. Her research focuses on mental health and psychosocial care in the prehospital setting and issues of health equity.

Defining mental health calls: the importance of the social determinants

The importance of a social determinants of health context for understanding mental health and psychosocial calls in Paramedicine. When asked to describe what is 'a mental health call', rather than

describing mental disorders or illness, many frontline paramedics spoke about the distress caused by living and working conditions, resulting in calls to 911. I argue that we need this contextualized understanding of mental health both for understanding of these calls, as well as for how we address and prevent them.

Dr. Alex (Sandy) MacQuarrie

An international viewpoint on how to spark and sustain research in paramedicine

@Justaguy_inOz

alex-sandy-macquarrie-phd-30723426

Sandy MacQuarrie is a transplanted Canadian enjoying interminable summers on the Gold Coast in Queensland Australia. He has worked in paramedicine since 1993 in urban, rural, and remote environments including HEMS and senior management positions. Currently he is a Senior Lecturer and researcher in the School of Medicine at Griffith University on the Gold Coast. A passion for exploring paramedic wellness led him to conduct doctoral research in cooperation with New South Wales Ambulance Service in a truly unique collaboration. Current research interests include the health and wellbeing of emergency services providers and others. Today, Sandy will talk about the care and feeding of paramedic led research programs



Sean Culliney

EPIC traumatic brain injury

@Justaguy_inOz

Sean Culliney is a clinical support specialist with ZOLL Medical. Sean is a proud graduate of the University of Arizona and worked as a paramedic/firefighter for 23 years in Tucson. Sean has been involved in EMS and training throughout his career, focusing on medical simulation in the areas of traumatic brain injury and CPR. Additionally, he has even won an award from the Congressional Fires Service Institute for "excellence in fire service-based EMS." Sean continues to educate fire and EMS agencies on how to increase survival from both sudden cardiac arrest and traumatic brain injury, and how to optimize departmental training by diving into data. Sean grew up in Chicago, went to college in Tucson, and now has left the desert and lives with his wife and children in Colorado.

This session will cover Traumatic Brain Injury (TBI) treatments in the pre-hospital setting. This presentation will discuss the frequency of TBIs and the associated cost to society. We'll highlight the pitfalls of providing patient care to someone with a TBI, as well as the dangers that have been shown to drastically increase mortality. Finally, we will cover the paradigm shift in TBI treatment and strategies for reducing mortality.



Dr. Alan Batt

**Do we practice what we preach?
A 5 year update**

@alan_batt

Dr. Alan Batt is Professor in the Paramedic Programs at Fanshawe College, Ontario, Scientist with the McNally Project for Paramedicine Research, Ontario, and Adjunct Senior Lecturer in Paramedicine at Monash University, Australia. His program of research explores the competencies required to enact contemporary healthcare practice, the evolving role of paramedics, social determinants of health, and the care of marginalized and vulnerable populations.

LEASE

Pursuant to the Short Form of Leases Act

Effective the 1st day of June 2022

Between

**ConnectWell Community Health
(The “Landlord”)**

And

**County of Renfrew Clinical Assessment Centre
(The “Tenant”)**

WHEREAS the Tenant leases a portion of the premises at ConnectWell Cobden Site, 70 Main Street, Cobden, Ontario, K0J 1K0 from ConnectWell Community Health the following terms and conditions are set forth.

NOW THEREFORE in consideration of the rent hereby paid and the terms and conditions hereinafter set forth, the Parties hereto agree as follows:

1. The Tenant agrees with the Landlord as follows:

- (a) To pay rent of \$1,761.42 per month, effective June 1, 2022 payable on the first day of each month;

Note: Cheques are to be made payable to ConnectWell Community Health and forwarded to Director of Corporate Services, 207 Robertson Drive, Lanark, Ontario, K0G 1K0
- (b) To provide own computer system, and any related charges;
- (c) To provide liability insurance for the operation, staff, participants and visitors to your service;
- (d) To maintain your own client chart system, ensuring the full privacy and protection of such information as legislated;
- (e) To inform and collaborate with the Landlord for approval regarding all renovations/changes to the leased space;
- (f) To provide your own program supplies and furnishings, (unless otherwise negotiated) in order to offer your specific program.

2. The Landlord agrees with the Tenant as follows:

- (a) To provide access to the premises seven (7) days a week by providing the Tenant with an entry code to the building. The entry code is not to be shared, and will be disabled at the termination of the lease;
- (b) To provide access to the staff kitchen area for a lunch break as available on off times from ConnectWell staff;
- (c) To provide access to a washroom including the handicap washroom facilities;
- (d) To provide access to the outdoor property;
- (e) To provide internet access;
- (f) To hold property and general liability insurance in the name of ConnectWell Community Health.

TERMS

An initial term of one (1) years commencing on June 1, 2022. An optional renewal term of one year can be negotiated within a minimum of 60 days of expiry of the initial term.

RENT

One thousand seven hundred and sixty one dollars and forty-two cents per month for the one year agreement. The monthly rental shall be an amount agreed to by the parties as the fair market for comparable premises in a comparable location or set by an arbitrator if the parties are unable to agree on rent. Inclusive of HST?

MAINTENANCE

From and after the date the Tenant is required to commence paying rent, the Landlord shall pay costs incurred in maintaining and operating the exterior common areas of the Centre (Including repair and maintenance of the parking areas, sidewalks,) cleaning the interior, taxes – I'm assuming property taxes? and insurance premiums.

TAXES

The Landlord shall pay property taxes assessed against the Leased Premises. Any rebate for taxes for non-profit organizations to be the property of ConnectWell Community Health.

REPAIRS

Landlord to maintain and repair the parking lot, sidewalks, and the exterior of the Leased Premises, the heating unit, plumbing and electrical panel of the Leased Premises, the exterior walls, roof and structural portions of the Leased Premises that require repairs or replacement of a capital nature will be the responsibility of the Landlord.

SIGNS

The Tenant may, at its expense, erect signs on the exterior of the Leased Premises subject to consultation and agreement with ConnectWell.

USE

The Leased Premises may be used for Community Paramedic Services and other services as agreed by ConnectWell.

TITLE

The Landlord covenants with the Tenant and represents to the Tenant that it has valid ownership of the Centre.

PARKING

The Landlord shall furnish and maintain grade level parking facilities. At no additional cost to the tenant.

ASSIGNMENT

The Tenant shall not have the right to assign this offer, or to sublet all or any part of the Leased Premises at any time without the consent of the Landlord.

LANDLORD COVENANT'S

- (a) Landlord covenants with Tenant for quiet enjoyment
- (b) Landlord shall make available and maintain throughout the year, proper and fit access for patients and clients of the Tenant to the Leased Premises. In the event of damage by catastrophe, including but not limited to fire, lightning, tempest, flood or explosion, rent shall cease until the premises are rebuilt and the Frustrated Contracts Act shall apply to this Lease.

AUTHORIZATION

The Landlord and Tenant Covenant that each of them has all requisite power and possesses all licenses, franchises, permits, consents and other rights necessary to enable each of them to enter into this offer. All work performed by either party shall comply with the requirements of all municipal, provincial, federal and other applicable governmental authorities.

ACCEPTANCE

The execution of this agreement by the Tenant shall constitute an offer of acceptance by the Landlord. If the Landlord fails to execute and deliver this agreement on or before the 1st day of June 2022 this agreement shall be null and void and neither party shall be responsible to the other for any loss, cost, expenses or damage.

In witness of the foregoing covenants, the Landlord and the Tenant have executed this Lease.

Debbie Robinson, Warden

Date: _____

Paul V. Moreau, Clerk

Date: _____

Sarah Sark, CEO
ConnectWell Community Health

Date: _____

COUNTY OF RENFREW

BY-LAW NUMBER

**A BY-LAW AUTHORIZING THE WARDEN AND CLERK TO EXECUTE AN AGREEMENT BETWEEN THE
COUNTY OF RENFREW AND CONNECTWELL COMMUNITY HEALTH TO LOCATE THE RCVTAC
CLINICAL ASSESSMENT CENTRE IN COBDEN TO EXPAND SERVICES IN THE EASTERN AND WESTERN
ENDS OF THE COUNTY OF RENFREW.**

WHEREAS Sections 8, 9 and 11 of the Municipal Act, 2001, S.O. 2001 as amended, authorizes Council to enter into agreements;

WHEREAS the County of Renfrew deems it desirable to enter into an agreement with ConnectWell Community Health to locate the RCVTAC Clinical Assessment Centre in Cobden to expand services in the eastern and western ends of the County of Renfrew.

NOW THEREFORE the Council of the Corporation of the County of Renfrew hereby enacts as follows:

1. The agreement attached to and made part of this by-law shall constitute an agreement between the Corporation of the County of Renfrew and ConnectWell Community Health.
2. That the Warden and Clerk are hereby empowered to do and execute all things, papers, and documents necessary to the execution of this by-law.
3. That this by-law shall come into force and take effect upon the passing thereof.

READ a first time this 29th day of June 2022.

READ a second time this 29th day of June 2022.

READ a third time and finally passed this 29th day of June 2022.

DEBBIE ROBINSON, WARDEN

PAUL V. MOREAU, CLERK

ADVANCED CARE PARAMEDIC SERVICES AGREEMENT

THIS AGREEMENT BETWEEN:

THE COUNTY OF RENFREW PARAMEDIC SERVICES, a public agency incorporated under the laws of the province of Ontario,

(hereinafter referred to as the “Service Provider”) OF THE FIRST PART;

-and-

PEMBROKE REGIONAL HOSPITAL, a public Hospital incorporated under the Canada Not-for-Profit Corporations Act,

(hereinafter referred to as the “PRH”) OF THE SECOND PART

WHEREAS the Service Provider operates in the County of Renfrew in the Province of Ontario, **AND WHEREAS** the PRH operates a public Hospital in the City of Pembroke in the Province of Ontario,

AND WHEREAS the PRH wishes to retain the Service Provider to provide contracted Primary Care Paramedic Services in accordance with the terms and conditions set forth in this agreement,

NOW THEREFORE THIS AGREEMENT WITNESSES that in consideration of the mutual covenants herein contained and other good and valuable consideration, the parties hereto covenant and agree as follows:

ARTICLE 1 – TERMS OF APPOINTMENT AND DUTIES

- 1.1 The Service Provider hereby covenants to provide the services of Advanced Care Paramedics (ACP) to deliver services in the Emergency Department of the PRH, in accordance with the terms and conditions contained in this agreement.
- 1.2 Under this service delivery model, the ACP shall not be considered an employee of PRH for any purpose. The ACP shall remain an employee of the Service Provider and shall retain all rights and privileges of the CUPE 4698 Collective Agreement for the duration of this agreement.
- 1.3 The Service Provider will provide ACPs based on a schedule which has been agreed upon by both the Service Provider and the PRH. Hours and services are subject to modification upon mutual written consent by the PRH and the Service Provider.

- 1.4 All ACP hours are to be provided on-site at the PRH (Emergency Department), on an established schedule as coordinated with the Paramedic's Deputy Chief of Clinical Services and PRH Management. Deviations from the established schedule, based on the operational or patient/resident care needs of the Service Provider or PRH, are to be granted upon mutual written consent.
- 1.5 The ACP will be selected in accordance with the CUPE 4698 Collective Agreement, where appointment shall be made of the senior applicant able to meet the normal requirements of the position. For the purposes of this agreement, the normal qualifications of the position are as follows:
- a) Greater than 5 years' experience as an ACP,
 - b) Successful completion of PRH Internal Orientation Training,
 - c) Positive historical working relationship with the PRH,
 - d) Clear HR File, no disciplines,
 - e) High level of computer literacy,
 - f) Exceptional communication skills,
 - g) Exceptional interpersonal skills,
 - h) High level of multitasking abilities.
- 1.6 The ACP, through the Service Provider, shall provide proof of their license at the beginning of the contract, and annually thereafter to the PRH.
- 1.7 The ACP shall maintain strict confidentiality regarding the individual care of patients and residents, abiding by PRH confidentiality policies. The PRH shall provide a copy of their confidentiality policy and agreement to the ACP at the commencement of the contract. The ACP will also adhere to the County of Renfrew's Confidentiality Agreement.

ARTICLE 2 – REMUNERATION AND BILLING

- 2.1 In consideration for providing ACP services on an on-going basis in accordance with the terms of this agreement, the PRH hereby agrees to pay to the Service Provider a fee equal to the hourly wage, as established by the CUPE 4698 Collective Agreement, plus a 24% benefit, and any applicable shift premium the ACP is entitled to under said Collective Agreement. The hours of work will include 11.25 shifts covering the hours of 0700-1900 and 1900-0700.
- 2.2 The Service Provider reserves the right to change the price at which it is prepared to provide ACP services at the conclusion of the Contract.
- 2.3 The Service Provider shall bill the PRH monthly and shall enclose copies of the workload tracking of all ACP hours provided to the PRH during the month. Payment shall be made to the County of Renfrew by the PRH within thirty (30) days of receiving such bill and statement.

ARTICLE 3–TERM AND TERMINATION

- 3.1 The term of this agreement shall be for six (6) months commencing June 27, 2022, ending December 31, 2022.
- 3.2 Notwithstanding Section 3.1 above and subject to Section 3.3 below, either party may terminate this agreement at any time upon 7 days prior written notice to the other party (the "Termination Notice").
- 3.3 The Service Provider may terminate the participation of any particular employee at any time for any reason upon twenty-four (24) hours prior written notice to PRH.
- 3.4 If either party terminates this agreement prior to the expiry of its term, any operational or personal information related to the PRH's patients or residents in possession of the ACP it shall be returned to the PRH.

ARTICLE 4 – INSURANCE

- 4.1 The Service Provider and PRH shall each arrange for and maintain in force and effect at its own cost all such insurance as would be maintained by a prudent operator of a similar organization, including but not limited to:
- a) comprehensive commercial general liability insurance (including products and completed operations, personal injury, cross liability, and contractual liability) for a limit of not less than 10 million dollars per occurrence with no applicable annual aggregate,
 - b) professional liability/medical malpractice insurance for a limit of not less than 10 million dollars per any one occurrence with no applicable annual aggregate,
 - c) directors' and officers' coverage, cyber insurance coverage, environmental impairment liability coverage in an amount appropriate for a prudent person in the position of the organization; and
 - d) WSIB insurance applicable to all employees performing services for the organization,
 - e) Real property and business interruption coverage in an amount appropriate for a prudent operator of a similar organization; and Cross-liability provisions.
- 4.2 Proof of liability insurance shall be provided at the beginning of the contract and annually thereafter.
- 4.3 The PRH shall ensure that the Service Provider and its directors, officers, employees, and agents are named as additional insureds under its insurance policies but only with respect to this agreement. Such insurance shall include thirty (30) days' prior written notice to additional insureds of material change to, cancellation of, or non-renewal of such policy. A certificate of insurance shall be provided by the PRH to the Service Provider upon request.

ARTICLE 5 - INDEMNITY

- 5.1 The PRH covenants and agrees to indemnify and forever save the Service Provider and each of its directors, officers and employees harmless from and against any and all liabilities, costs, damages and expenses (including legal fees on a solicitor and its own client basis and court costs) which the Service Provider and/or any one or more of its directors, officers and employees may suffer or incur resulting from any omission, negligent act or deliberate act on the part of PRH or any of its representatives, agents, employees or independent contractors, in connection with the execution of the terms of this agreement, or as a result of a breach of or the untruth of any of the covenants, representations or warranties of the PRH set forth in this agreement, including, but not limited to any damages of resulting from the Advanced Care Paramedic Services provided to the PRH in accordance with the terms of this agreement.

- 5.2 The Service Provider covenants and agrees to indemnify and forever save the PRH and each of its directors, officers and employees harmless from and against any and all liabilities, costs, damages and expenses (including legal fees on a solicitor and his own client basis and court costs) which the PRH and/or any one or more of its directors, officers and employees may suffer or incur resulting from any omission, negligent act or deliberate act on the part of the Service Provider or any of its representatives, agents, employees or independent contractors in connection with the execution of the terms of this agreement, or as a result of a breach of or the untruth of any of the covenants, representations or warranties of the Service Provider set forth in this agreement.

ARTICLE 6 - GENERAL CONTRACT PROVISIONS

- 6.1 Nothing in this agreement shall constitute or be construed to create a partnership, joint-venture, or employment relationship as between the PRH and the Service Provider.
- 6.2 All notices, requests, demands or other communications by the terms hereof required or permitted to be given by one party to the other shall be given in writing by personal delivery or by registered mail, postage pre-paid, addressed to the other party or delivered to the other party as follows:

- a) to the PRH at:

Pembroke Regional Hospital
705 MacKay Street
Pembroke ON, K8A 1G8

- b) to the Service Provider at:

Department of Emergency Services
9 International Drive
Pembroke ON, K8A 6W5

or at such other addresses as may be given by either of them to the other in writing from time to time, and such notices, requests, demands, or other communications shall be deemed to have been received when delivered, or if mailed, on the second business day after the mailing thereof; provided that if any such notice, request, demand, or other communication shall have been mailed and if regular mail service shall be interrupted by strikes or other irregularities before the second business day after the mailing thereof, such notice, request, demand, or other communication shall be deemed not to have been received unless the same has been personally delivered and served on the party to whom the same is addressed.

- 6.3 This agreement constitutes the entire agreement between the parties with respect to all of matters herein and shall not be amended, altered, or qualified except by a memorandum in writing signed by both the parties hereto.

6.4 This agreement shall be construed in accordance with the laws of the Province of Ontario.

6.5 This agreement shall ensure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have executed this agreement this __day of _____2022.

SIGNED, SEALED AND DELIVERED

In the presence of:

PEMBROKE REGIONAL HOSPITAL

Per: _____

Per: _____

COUNTY OF RENFREW

Per: _____

Per: _____

WE have Authority to bind the Corporation

COUNTY OF RENFREW

BY-LAW NUMBER

**A BY-LAW AUTHORIZING THE WARDEN AND CLERK TO EXECUTE AN AGREEMENT BETWEEN THE
COUNTY OF RENFREW AND THE PEMBROKE REGIONAL HOSPITAL FOR A PARTNERSHIP TO
INCLUDE AN ADVANCED CARE PARAMEDIC IN THE EMERGENCY DEPARTMENT**

WHEREAS Sections 8, 9 and 11 of the Municipal Act, 2001, S.O. 2001 as amended, authorizes Council to enter into agreements;

WHEREAS the County of Renfrew deems it desirable to enter into an agreement with The Pembroke Regional Hospital for a partnership with the County of Renfrew Paramedic Service to include an Advanced Care Paramedic in the Emergency Department.

NOW THEREFORE the Council of the Corporation of the County of Renfrew hereby enacts as follows:

1. The agreement attached to and made part of this by-law shall constitute an agreement between the Corporation of the County of Renfrew and the Pembroke Regional Hospital.
2. That the Warden and Clerk are hereby empowered to do and execute all things, papers, and documents necessary to the execution of this by-law.
3. That this by-law shall come into force and take effect upon the passing thereof.
4. That By-law 14-21 adopted on January 27, 2021, be hereby repealed.

READ a first time this 29th day of June 2022.

READ a second time this 29th day of June 2022.

READ a third time and finally passed this 29th day of June 2022.

DEBBIE ROBINSON, WARDEN

PAUL V. MOREAU, CLERK

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

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: June 15, 2022

SUBJECT: Department Report

INFORMATION

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

We are pleased to advise that both Homes remain clear of outbreak status since early May. As Committee is aware in accordance to the resolution passed by Council last month, Homes continue to require staff, volunteers, students and essential care givers to have three doses of COVID-19 vaccine to enter the Home with general visitors requiring two doses. As was supported by Council, County of Renfrew Homes are included as one of forty-two signatories to the recently posted AdvantAge Ontario Member Mandatory Vaccination Coalition.

Ontario Long-Term Care Homes are awaiting forecasted announcements regarding the Ministers Directive: COVID-19 Response Measures for Long-Term Care Homes. At present both Bonnechere Manor and Miramichi Lodge continue to exceed the minimum requirement for twice weekly rapid antigen testing, electing to test daily in an effort to identify COVID positive cases at the door on day one versus potentially days later.

While the current COVID-19 response measures require indoor masking and only recommend masking for outdoor visits, County of Renfrew Homes require outdoor masking for visitors given there is no requirement for vaccination for outdoor visits.

Dr. Kieran Moore, Chief Medical Officer of Health, announced on June 8, 2022 that provincial masking requirements, including on public transit, will

expire as of 12:00 a.m. on June 11, 2022, but that masks will still be required in Long-Term Care and retirement homes.

2. Fixing Long-Term Care Act, 2021

Long-term care homes across the province are under a tight deadline to achieve compliance with significant regulatory changes dictated within the Act. Recognizing that most Homes were not able to affect the necessary revisions due April 11, 2022 various elements of the Act and regulations were granted extended dates to achieve compliance. As was shared at a recent meeting of the Eastern Ontario Wardens' Caucus – Administrator's Group, the timing for such changes in light of ongoing staffing challenges, as well as resource demands to navigate current COVID circumstances and emerging staff and management burnout is cause for significant concern. A summary timeline for adherence to regulatory compliance was created by Advantage Ontario per Appendix LTC-I, to assist Homes with prioritizing required actions.

3. Bonnechere Manor Air Conditioning Update

Bonnechere Manor has experienced delays with the installation of the new chiller. To compensate for the exceptionally high temperatures experienced in May, Bonnechere Manor purchased and installed portable air conditioning units to ensure cooling areas for residents. Bonnechere Manor is submitting daily building temperature and humidity readings in accordance to the Fixing Long-Term Care Act, 2021. Each morning, afternoon and evening/night from May 15 to September 15, temperatures must be documented for the following areas of the home:

1. At least two resident bedrooms in different parts of the home.
2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor.
3. Every designated cooling area, if there are any in the home.

Bonnechere Manor has installed automated temperature monitoring systems by Blue Rover Technology with notifications of temperature abnormalities to the applicable management team. Miramichi Lodge is in the process of adapting the Blue Rover Technology as well.

4. **Co-Payment and Preferred Accommodation**

The Ministry of Long-Term Care (MOLTC) annual long-term care home resident co-payment rate increase will be suspended until October 1, 2022 due to the COVID-19 pandemic. The July 1, 2019 long-term care home accommodation rates remain applicable.

5. **Butterfly Approach Project Update**

We are pleased to advise Committee that Ms. Sally Knocker and Ms. Nancy Cunningham, Consultants with Meaningful Care Matters visited Miramichi Lodge on May 10, 2022 and Bonnechere Manor on May 11, 2022 to observe and debrief for next steps with the Butterfly Approach project.

Their project consultancy reports were favourable, providing items that can be completed during the summer months with the anticipation of a re-start in September. With staffing changes, there will be a need to provide education and assessments to determine 'right fit' for the Butterfly Home areas prior to the re-start.

RESOLUTIONS

6. **Bonnechere Manor Roofing**

Recommendation: THAT the Health Committee recommend that County Council award the Request for Tender BM-2022-02 Flat Roof Replacement project as per the County of Renfrew GA-01 Procurement of Goods and Services Policy, Section 19.7 for a section of roofing at Bonnechere Manor to Perth Roofing from Perth, Ontario, for Roof C, No Taper, at the quoted price of \$276,159.26 inclusive of HST, with \$222,000 approved in the Bonnechere Manor 2022 Capital Budget. AND FURTHER THAT the shortfall in the amount of \$54,159.26 be utilized from the Bonnechere Manor Unallocated Reserves to finance the project above the original budget allocation. AND FURTHER THAT the Finance and Administration Committee be so advised.

Background

Bonnechere Manor issued a Request for Tender (RFT) for a section of flat roof replacement. A mandatory site meeting was held on April 26, 2022 at 11:00 a.m., and proposals were received until 11:00 a.m. on May 10, 2022. Three proposals received meeting all requirements.

Company	No Taper	1% Taper	2% Taper
Irvcon, Pembroke, ON	Roof C&D: \$558,021.12 Roof C: \$276,520.04 Roof D: \$285,541.96	Roof C&D: \$617,529.18 Roof C: \$305,043.50 Roof D: \$316,526.56	Roof C&D \$613,255.29 Roof C \$310,856.22 Roof D \$324,439.95
Perth Roofing, Perth, ON	Roof C&D: \$495,576.82 Roof C: \$276,159.26 Roof D: \$278,011.51	Roof C&D: \$593,729.41 Roof C: \$306,533.66 Roof D: \$308,999.38	Roof C&D \$615,775.93 Roof C \$318,012.03 Roof D \$329,068.13
Simluc Contractors, Ottawa, ON	Roof C&D: \$546,787.00 Roof C: \$276,857.00 Roof D: \$282,478.00	Roof C&D: \$594,039.00 Roof C: \$300,746.00 Roof D: \$321,561.00	Roof C&D \$609,651.00 Roof C \$306,436.00 Roof D \$319,781.00

This project will require additional funds in the amount of \$54,159.26, over and above, the budgeted funds for this project in the approved 2022 Bonnechere Manor Capital Budget. Procurement of the services included in this tender, followed the requirements set out in Corporate Policy GA-01– Procurement of Goods and Services Policy, Section 19.7: Awards emanating from an Request for Tender (RFT) that exceed \$150,000 require the approval of County Council.

7. **Bonnechere Manor Courtyard Improvements**

Recommendation: THAT the Health Committee recommend that County Council award the Request for Proposal (RFP) to Country Caretakers, Renfrew, ON as per the County of Renfrew GA-01 Procurement of Goods and Services Policy, Section 19.7, for the Pinnacle South courtyard completed, inclusive of turf replacement and concrete work, and HM1-North, HM1-South and Pinnacle North courtyards turf replacement only for a total price of \$360,114.00 inclusive of HST which was approved through the Bonnechere Manor 2022 Capital Budget. AND FURTHER THAT the Finance and Administration Committee be so advised.

Background

Bonnechere Manor issued a Request for Proposal (RFP) for courtyard improvements, seeking quotes as a lump sum cost including HST and as well priced individually by courtyard; and by turf replacement only. A mandatory site visit was held on May 19, 2022 at 11:00 a.m. and proposals were received until 2:00 p.m. on June 1, 2022.

One RFP was received meeting all requirements from Country Caretakers, Renfrew, Ontario, listing a complete price of \$634,608.00 including

HST. Country Caretakers provide a fee breakdown as requested within the RFP as follows:

Courtyard	Complete Courtyard price	Turf Replacement Only
HM1-North	\$184,190.00	\$86,000.00
HM1-South	\$184,190.00	\$86,000.00
Pinnacle-North	\$133,114.00	\$55,000.00
Pinnacle- South	\$133,114.00	N/A

With the complete project fee submitted being over the budgeted amount, Staff is requesting Pinnacle South courtyard to be completed inclusive of turf replacement and concrete work necessary for courtyard refurbishment and that only turf replacement be completed for the three remaining courtyards, allowing for further funding of this project in future years.

Procurement of the services included in this tender, followed the requirements set out in Corporate Policy GA-01—Procurement of Goods and Services Policy, Section 19.7: Awards emanating from an Request for Tender (RFT) that exceed \$150,000 require the approval of County Council.

8. **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 the update provided at the May 11, 2022 Health Committee meeting.

Staff is recommending that the Long-Term Care Homes Vaccination Policy, attached as Appendix LTC-II, remain valid until Committee reconvenes in August 2022, in consideration of the prevalence of the Omicron variant and the risk posed to vulnerable populations.

NEW or ENHANCED FLTCA REQUIREMENTS BY TRANSITION DATE

Fixing Long-Term Care Act, 2021 and its Regulations:

The implementation of the *Fixing Long-Term Care Act, 2021* (FLTCA) and Ontario Regulation 246/22 is complex and resource-intensive. To assist members, AdvantAge is continuing to offer a number of tools and resources that will facilitate and inform your implementation work. These resources will complement the source documents, information, and educational sessions offered by the Ministry and other stakeholders.

We recently shared a document, [Fixing Long-Term Care Act, 2021 and its Regulations: Where to Start First](#). The document highlights the key new/enhanced requirements set out in the Act and regulations, where compliance was required as of *April 11, 2022*. To assist members in responding to the regulations *with transition dates*, we are providing the charts below, which summarize the phased-in provisions by date, along with suggested actions for your consideration.

The tables are intended as operational tools and you are advised to use this resource in conjunction with the source documents (FLTCA and Regulations), the Ministry fact sheets, and other posted information on www.ltchomes.net. Members are specifically encouraged to refer to the [Important Timelines and Dates associated with the Ontario Regulation 246/22 under the Fixing Long-Term Care Act, 2021](#), (FR), and Section F of the MLTC FAQs. Several requirements necessitate the commitment of significant resources and time, so we hope this document will facilitate your implementation work.

In the tables below, "A" refers to the FLTCA, and "R" refers to Regulation 246/22 under the FLTCA

Transition Date: MAY 11, 2022 (ONE MONTH POST-ENACTMENT OF FLTCA AND REGULATIONS):

	NEW or ENHANCED REQUIREMENTS	REFERENCES, DEFINITIONS, NOTES	ACTION REQUIRED Policies and Procedures (P&P); training or education; communication, other
Screening of Current Staff and Volunteers	<ul style="list-style-type: none"> Declarations required one month after staff member first works or volunteer first volunteers, post April 11, 2022 	Enhanced Screening Measures in LTC Homes (ENG) Enhanced Screening Measures in LTC Homes (FR)	<ul style="list-style-type: none"> Acquire signed declarations Note 7 year record retention requirement post-employment or engagement

		<ul style="list-style-type: none"> • A81 (prohibitions, screening and declarations) • R253 (3,6) • R254 • R280-282 (record retention) 	<ul style="list-style-type: none"> • Record must be kept at each home worked, at least for 1st year of engagement • Ensure new policies and procedures for screening of new staff and volunteers are already in place and implemented (was effective April 11)
Screening: Declarations for Members of Governing Structure	<ul style="list-style-type: none"> • Declarations required, subject to limited exceptions 	Enhanced Screening Measures in LTC Homes (ENG) Enhanced Screening Measures in LTC Homes (FR) <ul style="list-style-type: none"> • A81 (prohibitions, screening and declarations) • R256 (9,10,11) • R256 (13b) 	<ul style="list-style-type: none"> • Report legislative requirement to governing body • Acquire and retain declarations • Ensure policy in place for new board members

Transition Date: JUNE 22, 2022:

Air-Conditioning	<ul style="list-style-type: none"> • All resident rooms to have A/C unless home has been granted an extension by Director 	<ul style="list-style-type: none"> • R1 (definition of A/C) • R23,24 • R271(1h) 	<ul style="list-style-type: none"> • Ensure A/C installed • Communicate any issues with Director • May discontinue room temperature monitoring once A/C is operational
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Transition Date: JULY 11, 2022: (3 MONTHS POST-ENACTMENT OF FLTCA AND REGULATIONS):

Police Record Checks of Staff and Volunteers	<ul style="list-style-type: none"> • Police record check required (if not already obtained) for any staff or volunteer who was engaged during the pandemic, but before April 11, 2022 	Enhanced Screening Measures in LTC Homes (ENG) Enhanced Screening Measures in LTC Homes (FR)	<ul style="list-style-type: none"> • Review records of all staff and volunteers engaged during pandemic and before FLTCA came into effect • Access and retain records on site
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		<ul style="list-style-type: none"> • R254 (3,4,5,6) 	
Quality	<ul style="list-style-type: none"> • Continuous quality improvement (CQI) initiative interim report for 2022/23 fiscal year 	<p>CQI Initiative Fact Sheet (EN) CQI Initiative Fact Sheet (FR)</p> <ul style="list-style-type: none"> • A42,43 • R168 (5,6) • Report must include: <ol style="list-style-type: none"> a. the name and position of the designated lead for the CQI initiative b. a written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the CQI initiative c. a written description of the process used to identify the home's priority areas for quality improvement, and d. a written description of a process to monitor and measure progress, identify and implement adjustments, and communicate outcomes for the home's priority areas for quality improvement 	<ul style="list-style-type: none"> • Complete interim report • Share with Resident Council (RC) and Family Council (FC) • Post on website
Emergency Preparedness <ul style="list-style-type: none"> • Emergency Planning • Attestation 	<ul style="list-style-type: none"> • Emergency Plan to address additional types of emergencies, including outbreaks of communicable diseases, outbreaks of a disease of public health significance, pandemics and endemics, gas leaks, natural disasters, extreme weather events, boil water advisories and floods • Other additions include evacuation planning, activation/deactivation, post-emergency evaluation, recovery • Requirements to involve local MOH, emergency providers, RC, FC • Plan to be posted on website 	<p>Updates to Emergency Planning Preparedness Fact Sheet (EN) Updates to Emergency Planning Preparedness Fact Sheet (FR)</p> <ul style="list-style-type: none"> • A90 • R268-269 (plan requirements, consultation required) • A90, R270 (attestation) 	<ul style="list-style-type: none"> • Closely review the multiple changes required with respect to emergency plans (R268-269) • Consult with local MOH, emergency providers, RC and FC, etc • Update emergency plan to include the additional types of emergencies and all required additions set out in the regulations • Post plan on website • Complete Attestation

	<ul style="list-style-type: none"> • Attestation required with respect to compliance with A90 and R268, 269 		
Public Website	<ul style="list-style-type: none"> • Public website required, unless in a location in the province that does not have consistent and reliable internet service • Numerous items to be posted 	<p>Updates to Emergency Planning Preparedness Fact Sheet (EN) Updates to Emergency Planning Preparedness Fact Sheet (FR)</p> <ul style="list-style-type: none"> • R271 • Website must include: <ul style="list-style-type: none"> a. the home's physical address b. approximate number of licenced beds c. direct contact information, including telephone number and regularly monitored email address for: the licensee or a senior officer of the licensee or, in the case of a municipal home or a First Nations home approved under Part IX of the Act, a person who is on the committee of management; the Administrator; the Director of Nursing and Personal Care; and all infection prevention and control leads; d. the Ministry's toll-free telephone number for making complaints about the home; e. the annual CQI initiative report required under subsection 168 (1); f. the current version of the emergency plans for the home g. the current version of the visitor policy h. on the homepage, a clear, comprehensible and prominent disclosure that the home does not have air conditioning in resident bedrooms, where applicable. 	<ul style="list-style-type: none"> • Review all requirements as per R271 • Update website to include all requirements

Transition Date: JULY 11, 2022

Menu Planning	<ul style="list-style-type: none"> • Times for meals and snacks agreed upon by Residents Council and Administrator • Menu provides for local foods in season 	<ul style="list-style-type: none"> • R77 • R390(1) • R391(3) 	<ul style="list-style-type: none"> • Consult with RC, enabling sufficient lead time to post menus • See R77 for all menu planning requirements
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Transition Date: JULY 27, 2022 (3 MONTHS AFTER REGULATION 95/20 CEASING TO BE IN FORCE)

Interdisciplinary Resident Care Conferences	<ul style="list-style-type: none"> • Care conferences must be completed, if no care conference has been held since resident was admitted or if resident's last care conference was before July 27, 2021 	<ul style="list-style-type: none"> • R30(1,4) 	<ul style="list-style-type: none"> • Schedule and complete care conferences before July 27, 2022
Annual Resident Physical Exams	<ul style="list-style-type: none"> • Annual physical to be completed before July 27, 2022, if it has not been completed in the year before July 27, 2022 	<ul style="list-style-type: none"> • R88 • R30 	<ul style="list-style-type: none"> • Schedule and complete required annual physicals

Transition Date: Oct 11, 2022 (6 MONTHS POST-ENACTMENT OF FLTCA AND REGULATIONS):

Training for Medical Directors,	<ul style="list-style-type: none"> • Mandatory Training includes: <ul style="list-style-type: none"> a. Abuse recognition and prevention b. Mental health issues, including caring for persons with dementia 	<ul style="list-style-type: none"> • A82(7) training detail • R262(3) 	<ul style="list-style-type: none"> • Communicate requirements with Medical Directors, Physicians, and Extended Class Registered Nurses
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Physicians, and Extended Class Registered Nurses	<ul style="list-style-type: none"> c. Behaviour management d. How to minimize the restraining and confining of residents and, where restraining or confining is necessary, how to do so in accordance with the Act and the regulations. e. Palliative care f. Any other areas provided for in the regulations. 		<ul style="list-style-type: none"> • Ensure completion of training and documentation • Add requirement to all relevant contracts; renegotiate and update contracts
Medical Director Agreement	<ul style="list-style-type: none"> • Agreement to include that current Medical Director will complete Ontario Long Term Care Clinicians' Medical Director course within 12 months (by April 11, 2022) • New Medical Directors must complete within 12 months of start date • Agreement to include commitment to complete all other legislated training in required timeframe • Agreement to include the minimum number of hours the Medical Director is required to spend on-site at the home for each month and the specific duties the Medical Director must perform onsite, as required by the licensee. 	<ul style="list-style-type: none"> • R251 	<ul style="list-style-type: none"> • Discuss requirements, update and renegotiate agreement
Palliative Care Program	<ul style="list-style-type: none"> • Interdisciplinary palliative care assessments must consider the resident's physical, emotional, psychological, social, cultural and spiritual needs • Resident/decision-maker, others to be provided with explanation of palliative care options • Minimum list of palliative care options to be provided 	Palliative Care Fact Sheet (EN) Palliative Care Fact Sheet (FR) <ul style="list-style-type: none"> • A12 • R34 • R61(list of program requirements) 	<ul style="list-style-type: none"> • Review new requirements and identify gaps in current palliative care program • Update palliative care program, including assessment tools, policies and procedures, educational material • Provide education for leaders, staff, RC and FC, residents and families • Complete assessments • Program to be reviewed annually

Quality	<ul style="list-style-type: none"> Establishment of Continuous Quality Improvement Committee Extensive list of required members, including RC and FC Committee responsibilities are detailed in regulation 	CQI Initiative Fact Sheet (EN) CQI Initiative Fact Sheet (FR) <ul style="list-style-type: none"> R166 (list of members and committee responsibilities) 	<ul style="list-style-type: none"> Review requirements, develop committee terms of reference, invite members Establish and meet before Oct 11, 2022
Police Checks for Board Members (members of the governing structure) ***note that we are clarifying the requirements for elected officials with the Ministry***	<ul style="list-style-type: none"> Police check required for all individuals who were members of the governing structure as of April 11, 2022 Records to be kept at the home - or if responsibilities extend to more than one home, records must be readily accessible 	Enhanced Screening Measures in LTC Homes (ENG) Enhanced Screening Measures in LTC Homes (FR) <ul style="list-style-type: none"> R256(3,4,5,12,14) R281 (records) 	<ul style="list-style-type: none"> Report requirements to board Ensure police checks are completed Record retention
Minimum Staffing Hours	<ul style="list-style-type: none"> By October 11, must comply with all requirements relating to minimum staffing hours (note that this 6-month transition period does <i>not</i> apply to <i>direct</i> care hours as per A8,9) 	<ul style="list-style-type: none"> A8,9 R389 	<ul style="list-style-type: none"> Review staffing hours and develop HR plan to achieve compliance

Transition Date: April 11, 2023 (12 MONTHS POST-ENACTMENT OF FLTCA AND REGULATIONS):

Administration of Drugs by Authorized Persons	<ul style="list-style-type: none"> No person may administer a drug to a resident in the home unless that person is a physician, dentist, registered nurse or a registered practical nurse Exceptions regarding topical medications with conditions 	<ul style="list-style-type: none"> R140(3,4,5,6) R140(10) 	<ul style="list-style-type: none"> Modify practice if necessary
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	<ul style="list-style-type: none"> Self-administration acceptable under certain circumstances 		
Staff Qualifications	<ul style="list-style-type: none"> Must comply with all requirements relating to staff qualifications Note that the 12-month transition period is subject to the staff member currently having the adequate knowledge, skills, training, and knowledge to perform his or her duties. The transition period does not apply to a Medical Director, Director of Nursing and Personal Care, a physician; a registered nurse, a registered nurse in the extended class; a registered practical nurse, an Infection prevention and control lead; a registered dietitian 	<ul style="list-style-type: none"> R388 	<ul style="list-style-type: none"> Review incumbents to ensure qualifications are met

IN EFFECT as of April 11, 2025 (3 YEARS POST-ENACTMENT OF FLTCA AND REGULATIONS):

IPAC Lead Qualifications	<ul style="list-style-type: none"> IPAC lead to be certified in infection control by the Certification Board of Infection Control and Epidemiology 	<p> IPAC Standard for ltc homes (EN) IPAC Standard for ltc homes (FR) IPAC Standard Fact Sheet (EN) IPAC Standard Fact Sheet (FR) </p> <ul style="list-style-type: none"> R102(5k, 6) 	<ul style="list-style-type: none"> Discuss with current lead Update job description Explore options for certification
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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: May 25/22	COVERAGE: All Employees/Caregivers/Visitors	PAGE #: 1 of 12

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

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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.

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 be re-evaluated in August 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.)

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

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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).

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.

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.

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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.**

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

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.

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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.

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:

- how COVID-19 vaccines work
- vaccine safety related to the development of the COVID-19 vaccines
- the benefits of vaccination against COVID-19
- risks of not being vaccinated against COVID-19
- possible side effects of COVID-19 vaccination

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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.

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:

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- 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;
- 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

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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.

8. Amendments

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

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.

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- 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.

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



Board of Health

Regular Board Meeting, via *Microsoft Teams*

Tuesday, April 26, 2022

The Regular meeting of Renfrew County and District Health Unit's Board of Health was held on the virtual software platform—*Microsoft Teams*. 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:

Vicki Benoit	Director, Health Protection
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, Health Promotion
Tom Regan	

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-Apr-26

Moved by J. King; 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-Mar-29

The meeting minutes were approved for Tuesday, March 29, 2022.

Resolution: #2 BoH 2022-Apr-26

Moved by C. Reavie; seconded by W. Matthews; be it resolved that the Board approve the meeting minutes from the Regular Board meeting held on Tuesday, March 29, 2022, as presented.

Carried

06. Business Arising

- a. Action List—Regular Board Meeting—2022-Mar-29

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

07. Staff Reports

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

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

- b. Food Premises Risk Categorization Process

The Board discussed the posted [Food Premises Risk Categorization Process](#) slideshow and deferred the Staff presentation to the next Regular BoH meeting.

Resolution: #3 BoH 2022-Apr-26

Moved by C. Watt; seconded by P. Emon; be it resolved that the Board accept the verbal Report to the Board from Dr. Robert Cushman, Acting Medical Officer of Health.

Carried

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

- c. *2022 Risk Management Summary Report and 2022 Corporate Operational Plan with Risk Mitigation Strategies*

Tom Regan, Coordinator, Foundational Standards, presented the following:

- [2022 Risk Management Summary Report and 2022 Corporate Operational Plan with Risk Mitigation Strategies.](#)

The Chair called for questions and comments from the Board.

The identified 2022 Governance Risks should be sent to the Executive Committee for review, at their next meeting.

A Board Member suggested that Staff should consider adding public health leadership to item #7.

Resolution: #4 BoH 2022-Apr-26

- d. Moved by J. Dumas; seconded by J. Brose; be it resolved that the Board accept the *2022 Risk Management Summary Report and 2022 Corporate Operational Plan with Risk Mitigation Strategies*.

Carried

Chair Aikens thanked Tom Regan for the *Report to the Board*.

T. Regan left the meeting at 10:48 a.m.

08. Board Committee Reports

- a. Executive

Committee Chair Christine Reavie presented the following:

- [Executive Committee Board Report.](#)

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

Resolution: #5 BoH 2022-Apr-26

Moved by C. Reavie; seconded by W. Matthews; be it resolved that the Board accept the *Executive Committee Board Report*.

Carried

b. 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: #6 BoH 2022-Apr-26

Moved by W. Matthews; seconded by J. Dumas; be it resolved that the Board accept the *Governance Committee Board Report*.

Carried

09. Correspondence

The Board received the following correspondence:

Subject:		From:	Action:
a.	<u>BOH Letter of Support - Health and Racial Equity - Denouncing Acts and Symbols of Hate</u>	• Windsor-Essex County Health Unit	• Received as information.
b.	<u>BOH Letter of Support - Ontario Reg 116(2)20 Work Deployment Measures for BOHs - Board Meeting</u>	• Windsor-Essex County Health Unit	• Received as information.
c.	<u>Motion of support of OPHA statement against displays of racism, anti-Semitism and discrimination</u>	• Haliburton, Kawartha, Pine Ridge District Health Unit	• Received as information.
d.	<u>Health and Racial Equity - Denouncing Acts and Symbols of Hate</u>	• Peterborough Public Health	• Received as information.
e.	<u>alPHA Information Break - April 2022</u>	• Association of Local Public Health Agencies	• Received as information.
f.	<u>Registration is Now Open for 2022 Annual General Meeting, Conference, Section Meetings and Optional Pre-Conference Workshop!</u>	• Association of Local Public Health Agencies	• See Resolution: #7 BoH 2022-Apr-26 below*

g.	<u>Submission Deadline for 2022 alPHa Resolutions</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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**09. f. Registration is Now Open for 2022 Annual General Meeting, Conference, Section Meetings and Optional Pre-Conference Workshop!*

Resolution: #7 BoH 2022-Apr-26

Moved by W. Matthews; seconded by C. Reavie; be it resolved that the Board approve that all Board Members be invited to attend the virtual alPHa 2022 Annual General Meeting, Conference, Section Meetings, and Optional Pre-Conference Workshop, on June 13 and June 14, 2022.

Carried

Chair Aikens received correspondence from the Ministry—*Indemnity—Extraordinary Pandemic Response Measures*—that will be sent to Board Members.

10. By-Laws

There were no By-Laws.

11. New Business

There was no new business.

12. Notice of Motions

There was no notice of motion.

13. Closed

Resolution: #8 BoH 2022-Apr-26

Moved by C. Watt; seconded by J. King; be it resolved that the Board move into a closed meeting to discuss: a. the security of the property of the municipality or local board.

Carried

Chair Aikens verified that all Members were alone and in a secure location before the meeting moved into the closed session at 11:18 a.m.

Chair Aikens rose to report at 11:39 a.m., that the Board met in a closed meeting to discuss: a. the security of the property of the municipality or local board.

14. Date of Next Meetings

The date of the next Regular Board meeting is Tuesday, May 31, 2022, at 10:00 a.m., or at the call of the Chair.

15. Adjournment

Resolution: #9 BoH 2022-Apr-26

Moved by J. Brose; seconded by W. Matthews; be it resolved that the Regular Board of Health meeting be adjourned at 11:40 a.m.

Carried

The Regular Board meeting, held by *GoToMeeting*, adjourned at 11:40 a.m.

Chair

These meeting minutes were approved by the Board at the Regular BoH meeting held on Tuesday, May 31, 2022.