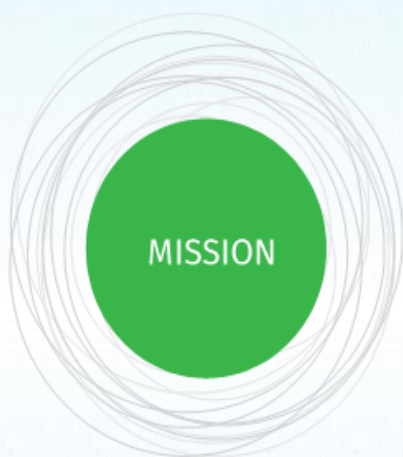
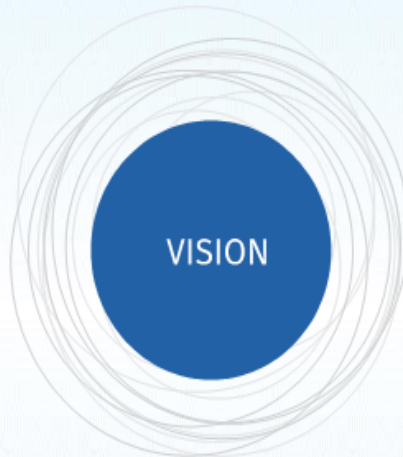


PORCUPINE HEALTH UNIT

Medical Officer of Health Report to the Board of Health



OUR MISSION	NOTRE MISSION
Strengthening opportunities for healthy living within healthy communities.	Renforcer les possibilités de mener une vie saine dans des communautés saines.



OUR VISION	NOTRE VISION
Vibrant, connected communities supporting health and well-being for all.	Des communautés dynamiques et interreliées qui favorisent la santé et le bien-être de tous.



OUR VALUES	NOS VALEURS
Trust	Confiance
Respect	Respect
Empathy	Empathie
Integrity	Intégrité
Innovation	Innovation

Prepared by:
Dr. Lianne Catton
Medical Officer of Health – Chief Executive Officer



Years of | Années de
Public Health | santé publique
1944-2019

January 23, 2020

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MEDICAL OFFICER OF HEALTH UPDATE

Public Health Modernization and Consultation

Consultation Session – Awaiting details regarding the consultation on public health modernization, scheduled for February 25, 2020 in Timmins, with Timiskaming Health Unit. Beyond the discussion at today’s Committee of the Whole meeting, further engagement with Board of Health (BOH) members will continue for the development of the Porcupine Health Unit (PHU) organizational response.

Indigenous Consultation Session – The Ministry is planning more consultations with Indigenous leaders, partners, and communities.

Staff Engagement – The staff are regularly informed of any updates with frequent emails and discussions at monthly Grand Rounds. Documents are uploaded to the Intranet for ease of access. A confidential email has been created for staff to provide anonymous feedback and contribute to the organizational response to the modernization discussion paper. In addition to the above opportunities, the management team continues to meet to discuss the PHU approach to public health modernization.

Public Health Background Brief for all PHU Municipalities – There will be a PHU and public health background brief developed and distributed to municipal Mayors and Councillors in the PHU district.

Staff Professional Development

PHU 75th Anniversary All Staff Day – December 6th – This was an excellent day to celebrate the PHU history, and current quality work, while team building, with staff travelling from all offices to participate. A local speaker engaged the team around change management, a timely topic for public health. The PHU environmental health team provided an interactive presentation on emergency management, “#prepareyourselfie”, which received great reviews from the staff.

Risk Communication Seminar – Public Health Ontario (PHO) – December 4th – The PHU organized and hosted an all-day informative risk communication seminar. Dr. Ray Copes, Chief of Environmental and Occupational Health, Dr. JinHee Kim, Public Health Physician, and Rena Chung, Manager, Toxicology & Exposure Assessment travelled to Timmins to provide the interactive workshop. Over 40 participants attended, with public health staff from Timiskaming and Algoma health units travelling to attend in-person, and Public Health Sudbury and Districts attending via webinar. PHU managers, and staff from many teams and program areas attended, learning valuable skills in risk communication for many public health topics.

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Staff Professional Development (cont'd.)

Grand Rounds – Grand Rounds are a monthly opportunity to share staff expertise, celebrate public health initiatives and accomplishments, welcome new staff, and hear updates from program coordinators, and Medical Officer of Health.

Emerging Public Health Issues

Novel Coronavirus (nCoV)

Coronavirus refers to a large family of viruses, causing illness ranging from the common cold to Severe Acute Respiratory Syndrome (SARS). Novel Coronavirus, a new strain not previously identified in humans, was first identified as case cluster in Wuhan, China. Some evidence of person-person transmission is noted although seems limited. It causes respiratory symptoms, fever, and can progress to pneumonia, acute kidney injury and death.

As of January 22, 2020, there were 519 cases reported, 509 in China, and 17 deaths. Most deaths are in older ages and those with co-morbidities. Prevention is similar to regular flu messaging: hand hygiene, respiratory etiquette, staying home if ill, and avoiding those who are ill.

As of January 22, 2020, the World Health Organization (WHO) has decided to not declare this an international public health emergency. However, WHO will continue active monitoring, and may change status as needed. The Public Health Agency of Canada (PHAC), Public Health Ontario (PHO), and the Chief Medical Officer of Health of Ontario have been monitoring the situation and sharing updates with public health units and the health care system. There is now education and screening of passengers at international airports, and at this time there are no direct flights from Wuhan into Canada.

The PHU communicable disease and environmental health teams have been meeting to ensure appropriate preparation measures and plans are in place to respond, as necessary. There has been communication with PHU healthcare providers and health care facilities, including a memo shared from the Ministry of Health on January 13th. On January 21st, the internal Incident Management Structure (IMS) was initiated to prepare and respond to any potential cases, prevent spread, support local health care providers, and respond to information requests from the public, media, and health care partners. The team is monitoring the situation and will ensure ongoing communication with health system partners.

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Emerging Public Health Issues (cont'd.)

Novel Coronavirus (nCoV) (cont'd.)

At the end of the day on January 22, 2020, the government announced that novel Coronavirus has been added as a designated disease under Ontario's public health legislation. Physicians, hospitals, and other health care facilities are required to report any suspected or confirmed case of this Coronavirus to their local Medical Officer of Health. The PHU is prepared and ready to investigate efficiently and effectively, complete lab tests, conduct case management to prevent further spread. Once further details are available about the next steps for reporting they will be shared widely through with all PHU health care system partners.

Indigenous Relationships

At a recent provincial Urban Indigenous Health Table meeting with the Ministry of Health, the Ontario Federation of Indigenous Friendship Centres used a protocol agreement between the PHU and the Timmins Native Friendship Centre as a strong example of how partnerships should be done.

There is continued focus on seeking opportunities to build and strengthen meaningful relationships with First Nations communities, and with urban Indigenous partners.

Moosonee Office Visit – Another visit is scheduled January 27-29 with several meetings booked with community partners in Moosonee, Moose Factory and Weeneebayko Area Health Authority (WAHA). Further engagement with respect to supporting local initiatives for families and parenting; as well as discussions around opioids, substance use and naloxone.

Community Safety and Well-Being Plans (CSWBP)

The PHU is participating in the development of CSWBP in several communities, and Dr Catton has been asked to co-chair the Timmins CSWBP. This work is important in terms of supporting broader based initiatives that promote and support healthy communities. Public health is able to support these initiatives with population health data and interpretation to inform priorities as well as expertise in a comprehensive population approach that connects upstream primary prevention to current local priorities, with a unique health equity lens.

MEDICAL OFFICER OF HEALTH UPDATE (cont'd.)

Ontario Health Team (OHT)

The PHU has participated in the development of the next phase of assessment of the Timmins and area Ontario Health Team, “**Nord-North-Keewaytin-Giowedin OHT Ontario Health Team**”. The focus for the first year is promoting healthy aging at home and preventing frailty in seniors, with an objective of reducing alternative level of care (ALC) beds in area hospitals. While the early stage focus is very patient-care centred, it is important to support these applications and highlight the population level work public health does to support the work of health care providers. Public health aims to reduce the number of patients in the system. With this demographic and focus, the PHU will continue with Stay on Your Feet, a falls prevention initiative; cleaning out medication days; as well as overall promotion of physical activity and healthy eating throughout the lifespan. Built environment features in community development can also be important factors in supporting population health and wellness.

Both of these important collaborations demonstrate the PHU’s commitment to ongoing alignment with health care and other social service sectors.

Primary Care Network

The PHU is an active member of the Timmins Primary Care Network, which was initiated after discussions raising concerns about potential capacity and resource limitations for public health in the future, and the need to ensure an upstream focus is priority. So far, the group has determined a referral process for unattached newborns, as well as any newborns that present to the PHU, or families with young kids that attend PHU immunization clinics but are otherwise missing important clinical and developmental assessments. One on one smoking cessation services is another topic of discussion in the near future, to ensure the PHU can work on population-based initiatives, instead of individual care.

PROGRAMS AND SERVICES UPDATE

Foundational Standards

Program Planning

Annual Service Plans (ASPs) – The ASPs are due March 2, and so far, objectives have been developed, and teams are now working on interventions and program descriptions. The new program planner is assisting teams with the development of SMART objectives and identifying linkages between program areas. Nursing managers are working with their program staff and

PROGRAMS AND SERVICES UPDATE (cont'd.)

Foundational Standards (cont'd.)

Program Planning (cont'd.)

branch public health nurse's (PHN) to develop interventions to meet objectives. Branch plans will be developed based on priorities of each community.

Planning and Reporting Tool – A template for planning and reporting has been developed. The Foundational Standards team is currently building the various reports, which will help support BOH reports, accountability reports to the Ministry and further monitoring of PHU initiatives. The organizational changes earlier in 2019, which included creating the Foundational Standards team, is helping to streamline the program planning, reporting and ASP process with improved consistency.

Epidemiology

Population Health Surveillance – Currently completing interpretation of various indicators of health for the PHU population health status report. This report will be finalized in the Spring and will be extremely helpful in supporting PHU priorities and initiatives. Infectious Disease report to be completed in the Spring. Both of these also help support and inform planning of health and social service sector partners across the PHU.

Epidemiologist's hours have been increased to 4 days per week from 2.5 days until March 31, 2019 to complete the interpretation and dissemination of the PHU Health Status Report 2020 and the Infectious Disease Status Report.

Healthy Babies Healthy Children (HBHC)

This program has seen a decrease in referrals, however there are ongoing discussions exploring opportunities to better support breastfeeding and parenting skill development. The health unit is working on important linkages with Canadian Mental Health Association (CMHA) to support those with postnatal mood disorders.

Quality Assurance and Practice Standards

Staff education is being planned to support programs in the completion of a Continuous Quality Improvement (CQI) project for 2020. This will use the rapid PDSA (Plan-Do-Say-Act) cycle to evaluate programs and services and/or planning, implementation, and evaluation processes. A tool kit is also under development to assist staff with implementation of CQI projects.

The health unit will be actively recruiting students completing a master's program in public health or related field who are seeking placements with public health. The student will assist

PROGRAMS AND SERVICES UPDATE (cont'd.)

Foundational Standards (cont'd.)

Quality Assurance and Practice Standards (cont'd.)

with the development of an organizational strategy to further address one of the priorities identified in the PHU Strategic Plan 2018-2023.

Health Equity

As another component of the PHU Reconciliation Framework, OCAP (Ownership, Control, Access, and Possession) principles training for managers and program coordinators has started. Most staff have completed Indigenous Cultural Safety Training, with the last group to start in March. This is an excellent opportunity BOH members are encouraged to participate in.

Communications

Annual Report process has been reviewed and the 2019 report is expected to be completed and distributed by the Spring. A review of current PHU practices utilizing social media which includes three separate Facebook pages has been underway. This included data from social media sites as well as consultation with staff members. Changes are expected to streamline the PHU communications approach, increase profile in the communities and expand reach of important public health messages.

Health and Well-Being (HaWT)

Injury and Substance Misuse and Prevention

Internal PHU teams are collaborating to develop a communication plan on non smoking distances in areas that expose children and youth to smoking. This public awareness is important to support bylaws in place limiting the distance from entrances to community buildings for individuals to smoke and vape. A review to ensure the most appropriate and evidence-based cannabis and vaping information and resources are available on the PHU website has been completed and updates are currently underway.

The town of Hearst has shared their draft cannabis retail outlet bylaw supporting the recommendations provided to them by the Porcupine Health Unit.

Work is underway with 6 nursing students from Northern College to discuss the importance of smoke-free property policies. UFFNorth (UFF=UnFiltered Facts) peer group is working on vaping denormalization activities and events to be promoted in the community. An orientation to share the strategies with the committed nursing students is scheduled for February, to support

PROGRAMS AND SERVICES UPDATE (cont'd.)

Health and Well-Being (cont'd.)

Injury and Substance Misuse and Prevention (cont'd.)

planning a one day stand in March. This includes assessment of where students go to smoke on the property, and cigarette counts to raise awareness of the problem.

Centre for Addition and Mental Health (CAMH) Smoking Treatment for Ontario Patients (STOP) program is also partnering with public health to reach out to primary care providers, addiction agencies and Indigenous health centers to complete a capacity assessment to enhance cessation services across the province. They were shared with the local health agencies as part of our capacity building efforts.

The MotherRisk website from SickKids was defunded and closed. Since then, information on cannabis and mothers has been added to this site and after investigation, it was discovered that the domain name was registered to Colorado Looks in the United States, in August 2019. This is worrisome as this was a trusted provincial site that now promotes cannabis to expectant mothers. A communication was shared with healthcare providers to ensure they were aware of the changes, with other evidence-based options for online information for patients.

Healthy Aging

Healthy Aging Expos have taken place across the district. Planning for a Winter Safety Forum in the winter months is in progress. In Timmins there were 152 flu vaccinations, with 250 in attendance; Iroquois Falls 77 vaccinations, 120 attended; Cochrane 55 flu vaccinations, 80 attended; Smooth Rock Falls 74 flu vaccinations, 110 attended; Kapuskasing 84 flu vaccinations, 160 attended; Hearst 62 flu vaccinations, 120 attended; and in Hornepayne, 44 flu vaccinations, 54 attended. Winter Safety Workshops for older adults, promoting safe activity during winter months, will be taking place in most communities in February, and a media release announcing these events has been distributed.

Falls Prevention in Long Term Care Facilities

An evaluation of a pilot PHU Falls prevention initiative in long term care facilities was conducted. The results demonstrated a 50% reduction in falls (see Appendix A). Staff at the facilities were trained to provide individualized exercise to residents to increase strength and balance and prevent falls. These positive results support the expansion of this program, with training in Hearst planned in March, and discussions with long term facilities in Cochrane and Kapuskasing.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Health and Well-Being (cont'd.)

Concussion

Concussion prevention remains an important priority for the PHU, especially in children and youth as an important component of promoting and supporting increased physical activity. The PHU team is working with 2 sport associations to assist with the development of a concussion prevention strategy with coaches.

Healthy Growth and Development

A Level 2 Breastfeeding Training was held in Timmins in the Fall and attended by 15 health care providers including staff from the Timmins Native Friendship Centre, Sensenbrenner Hospital, Centre de santé communautaire de Kapuskasing et région, and a doula. Planning is underway to explore opportunities for a session in Moosonee as breastfeeding has been identified as a local need during recent local engagement with community partners.

Breast feeding celebrations were held in Hearst, Kapuskasing, Iroquois Falls and Timmins with great participation. Many activities took place throughout the week to promote breastfeeding in the community.

In the Fall, a Prenatal Fair was delivered, in collaboration with the Timmins Native Friendship Centre with 30 participants engaged in booths regarding infant feeding, comfort measures, healthy eating and more.

The PHU presented local maternal and infant health risk factors to the Early Years Network to guide future work of the committee. Sub committees (referral pathways, engaging families, early years) were identified and have started to meet to plan next steps.

There are discussions underway to promote the Breastfeeding Friendly Campus Initiative with Northern College. A proposal has been submitted and follow up meeting to be scheduled for this important opportunity.

Prenatal workshops continue in Timmins, Kapuskasing and Hearst, and online prenatal education remains available in English and French.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Health and Well-Being (cont'd.)

School Health

As a new Standard in 2018, the School Program has been undergoing tremendous growth in its development. The PHU team met with all school principals to assess priority topics. Results identify child mental health as the main concern, physical activity second, followed by healthy eating and substance use. Socioeconomic concerns were also highlighted along with parenting. These discussions have led to further review of opportunities to enhance support and options for initiatives in these key areas. There are 7 schools registered for a healthy school designation, which is a comprehensive strategy to ensure a healthy school environment and support healthy students with one priority topic and involvement of community partners.

Mental Health

The Youth Mental Health and Addiction Champion initiative is supporting the French catholic school board with 46 champions recruited in 6 schools. One group of students have started their activities and presented their plan to the community. They have received local funding to support physical activity and self care evenings with parents and a free healthy breakfast prepared by the home-economics class once a month.

Youth Mental Health and Addiction Champion initiatives are moving forward. One group wants to address vaping in their school by presenting current information and reasons not to start in all their grade 9-10 classes. There are also interested in providing presentations with grade 7-8 students if school permission is granted. Another initiative is to provide their peers with strategies to deal with stress and anxiety with activities planned the week before exams.

The development of resiliency is important in mental health and well-being in children and youth, and a priority for the PHU. As such, there is work being done to explore opportunities to develop resiliency messages for schools in partnership with other health units.

The PHU team is collaborating with Timiskaming Health Unit to prepare a vaping campaign with schools for teachers, parents and students that started at the end of November. Since then, Grandes Rivières has received funding to support students with regards to substance use. There is interest to collaboratively create a learning module to support teacher discussions. As well, there is potential to survey students regarding their perception of risk of vaping and get them involved in a communication campaign. Unfortunately, at this time these discussions are on hold until the labor dispute is resolved. The PHU continues to prepare resources for a public

PROGRAMS AND SERVICES UPDATE (cont'd.)

Health and Well-Being (cont'd.)

Mental Health (cont'd.)

forum with different community partners such as Ontario Provincial Police (OPP), addiction services, public health, school boards and North Eastern Ontario Family and Children Services (NEOFACS).

The Northern Fruit and Vegetable Program (NFVP)

The Northern Fruit and Vegetable Program (NFVP) has begun throughout the district, which is an important program providing access to fresh fruits and vegetables to elementary school students. With greater cost of nutritious food in the PHU region, opportunities to try some of these items may be limited for families. Education around healthy eating and safe food preparation are other important components of this program. At this time there are concerns that implementation may be affected due to labour disruptions.

Another exciting project is the development of a communication campaign for school boards to provide health promotion messages on shared public health and school board priorities.

Healthy Child Coalition has reconvened in Timmins and is currently focusing on identifying which activities of the Active Kids, Active Families group they can continue to implement. This was a project previously funded by the Ministry of Health to support healthy weights in children. Loss of funding is becoming a challenge for many of these groups across PHU communities.

Canadian Prenatal Nutrition Program

The Canadian Prenatal Nutrition Program (CPNP), a program that supports nutrition in pregnant women, experiencing difficult life circumstances is in the process of being incorporated into HBHC. In addition, for the Timmins area, CPNP groups will begin in the Spring and will be informed by the results of a survey of current and previous CPNP participants.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Oral Health, Vision and Speech

Preschool Speech and Language

While this is not a requirement in the Ontario Public Health Standards, and not funded through the Ministry of Health, it is an important program provided by the Porcupine Health Unit for our communities. The current waiting list is 5-6 months for Timmins and surrounding areas, and 8-9 months in Kapuskasing. There is an assessment blitz planned in Kapuskasing for Feb 25th and 26th to address the demand. Waiting lists are an ongoing challenge for preschool speech and language programs across the province.

Oral Health

As PHU oral health programs are offered in schools, staff are monitoring and accommodating the current rotating work action. They still expect to complete all indicators by the end of the school year. For the 2018/19 school year, 4426 children were screened in JK, SK, Gr. 2, 4, 7 at 51 elementary schools. The Dental decay rate was 14.8% and Ministry indicators were met, 100%.

Ontario Seniors Dental Program (OSDCP)

Preventive clinics are planned to begin next week in Timmins and Kapuskasing. At this time, there is no demand for these services in any branch office. Currently, 5 dentists have signed the service level agreements to see OSDCP clients and provide services in their clinics. We are still working on procuring prosthodontic work for dentures in the PHU area. There is a second meeting planned with the local Timmins dental society on February 19th to address some of their concerns with the program.

Vision Health

This relatively new public health requirement has been implemented efficiently across PHU communities. At 42 elementary schools, 728 Senior Kindergarten children screened with a referral rate of 44.5%, meeting 100% of the Ministry indicators. An important component of the program is the promotion of a comprehensive eye exam by an optometrist for all children, as covered by Ontario Health Insurance Plan (OHIP), regardless of screening results.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Infectious Diseases and Clinical Services

Influenza

The PHU continues to promote and provide influenza vaccinations, as well as prevention messaging. To date, the PHU has administered 4,192 influenza vaccinations as of December 31st. The first confirmed influenza A case was identified over the holidays and shared widely across the district with the public and health care providers. As of January 18th, there have been 21 cases of influenza A reported, with 16 cases over the age of 45. Recently, cases of Influenza B have been reported in Timmins.

Harm Reduction

The Timmins and Area Drug Strategy (TADS) Steering Committee met in early January and conducted a SWOT analysis (strengths, weaknesses, opportunities and threats) with active participation from all community partners present. The group includes representatives from enforcement (OPP, Nishnawbe-Aski Police Services (NAPS), Timmins Police Services (TPS), first responders Emergency Management Services (EMS), Timmins Fire Department (TFD), primary and emergency healthcare, mental health, NEOFACS, addictions services, Living Space, and others.

The Opioid Emergency Response Plan received no further comments or edits from the steering committee and has been approved by the Opioid Task Force. Once final formatting has been completed, it will be distributed widely. It has already been shared with the City of Timmins Municipal Emergency Control Group and will be shared throughout all PHU communities as further local engagement continues. Discussions with local partners in Kapuskasing and Moose Factory have occurred and follow up meetings are scheduled. There has been very positive feedback from community partners regarding the communications and alerts from the Task Force as the area continues to face increasing rates of opioid related incidents (Appendix C). They are finding it helpful in the work they do and ensuring staff are aware of the current situation. The PHU shares alerts broadly with partners throughout the district, on social media, and with providers working with those who may use substances. Another key component is communication with pharmacies and partners who distribute naloxone to ensure increased access in all communities.

The PHU has increased outreach capacity and plans to explore opportunities for outreach in some branch communities. Naloxone distribution sites have also increased, with 14 in total across the district. This month, the emergency department at Sensenbrenner Hospital in Kapuskasing and the mobile crisis team have been trained to distribute this life saving drug. These are important opportunities to increase access at all times, to a broader population.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Environmental Health

Public Health Emergency Preparedness

The PHU is involved in municipal emergency planning and preparation and has been involved with the City of Timmins and the update of their emergency response plan and training.

Food Safety

Disclosure

As discussed in the Fall, there had been significant delays in securing French translation with the online template for reporting inspection results to the public. Previously, we reported only inspections with concerns but now all inspection results will be posted on the PHU website. In November, the disclosure site underwent a soft launch and has been working well. In February, a media campaign for the launch of the disclosure website will take place mid-month. Disclosure signs will now be posted at inspected premises throughout the district (Appendix B).

Tobacco Control: *Smoke Free Ontario Act*

As of January 1st, electronic cigarettes and their components can no longer be displayed in stores. They are only permitted in Speciality Vape Stores, with two stores currently registered in Timmins. The Enforcement Officer will be making this a part of regular inspections, along with education.

Vector Borne Diseases

The Porcupine Health Unit has been notified that an owl has tested positive for West Nile virus (WNV). Although the risk to the public is low at this time of year, the Porcupine Health Unit felt it was important to share the result and will continue to monitor for WNV in the 2020 season. Another communication to the public regarding this update and promotion of prevention messaging will occur in the Spring.

Safe Water

Porcupine Lake

The PHU continues to be active participants on the City of Timmins Porcupine Watershed Public Liaison Committee. As requested, enhanced sampling of the beach at Porcupine Lake was completed for the 2019 bathing season, along with enhanced communication regarding the use of all beaches, and any adverse testing results. A report is being finalized and will be shared with the committee next month.

PROGRAMS AND SERVICES UPDATE (cont'd.)

Environmental Health (cont'd.)

Health Hazard and Management

Climate Change

PHU continues to be committed to the Climate Change Collaboration Project, with several other health units, and funded by Health Canada. While much work is done via teleconference, a face-to-face meeting is being scheduled in March in order to discuss stakeholder engagement and future steps. There will be further engagement with municipalities in the future as the health vulnerability assessment is applied to the local context to determine potential mitigation and planning steps.

Appendix A

Ontario 

Falls prevention in Long Term Care

The need/issue



In 2019, Extendingcare residents averaged approximately 90 falls per month.

Rate of falls among its resident is an Indicator that Extendingcare must report to the Canadian Institute for Health Information (CIHI).

Any falls with injuries must be reported to the Ministry of Health and Long-Term Care.

Following the implementation of the Tiered Exercise Program (TEP), Falls have decreased. The number of falls in October were 46.

The approach/intervention



Extendingcare was approached by the Porcupine Health Unit, as part of the Stay on Your Feet Program from the NELHIN and offered the Tiered Exercise Program (TEP) from the Canadian Centre for Activity and Aging.

9 staff members were trained to assess and demonstrate the sample exercises. Approximately 40 residents were initially assessed.

Currently 35 residents with a high to moderate risk of falls are participating in the program.

The program is currently offered 3 x/week with 25-29 participants per session.

Partners



The Porcupine Health Unit provided the TEP free of charge and Extendingcare had internal champions to lead this project following the training.

Key lessons/what worked/didn't work



A minimum of 2 staff is required to offer the program. One to demonstrate exercise and one to provide corrections to residents.

Getting buy-in from staff to mobilize residents was obtained by promoting less falls equals less paperwork and time spent with residents.

If staff was not available to offer the program in the morning, it was rescheduled for the afternoon rather than being cancelled.

Extendingcare changed the location of the exercises into its lobby as it was more convenient and offered more space.

Next steps



Continuation of the program at Extendingcare will include:

- Recruiting residents to be assessed;
- Increasing exercise repetitions;
- Training additional staff as needed.

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Appendix B

For inspection results, see
the Porcupine Health Unit's
Healthwise page.

phu.fyi/healthwise



Porcupine
Health Unit • Bureau de santé

phu.fyi/sante-sage

Allez sur le site Web du
Bureau de santé Porcupine
pour consulter les résultats
d'inspection « HealthWise ».

Appendix C



November 22, 2019

- There has been an increase in suspected opioid overdoses.
- There are reports of drugs laced with powerful opioids.
- Substance may come in different colours and textures.
- Fentanyl and carfentanil can be fatal in very small doses.
- Fentanyl and carfentanil cannot be detected by sight, smell or taste.

In Case of Overdose:

- SHOUT their name and SHAKE their shoulders.
- CALL 9-1-1 if unresponsive.
- GIVE NALOXONE: 1 spray into nostril (or inject 1 vial or ampoule into arm or leg).
- PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.
- IS IT WORKING? If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them.

If You Use Substances:

- Don't use alone.
- Avoid mixing substances.
- Test small amount first.
- Carry a naloxone kit.

If you or someone you know uses substances, get a free naloxone kit at any Porcupine Health Unit office and at most pharmacies.

Porcupine Health Unit
Toll Free: 1-800-461-1818
www.porcupinehu.on.ca

