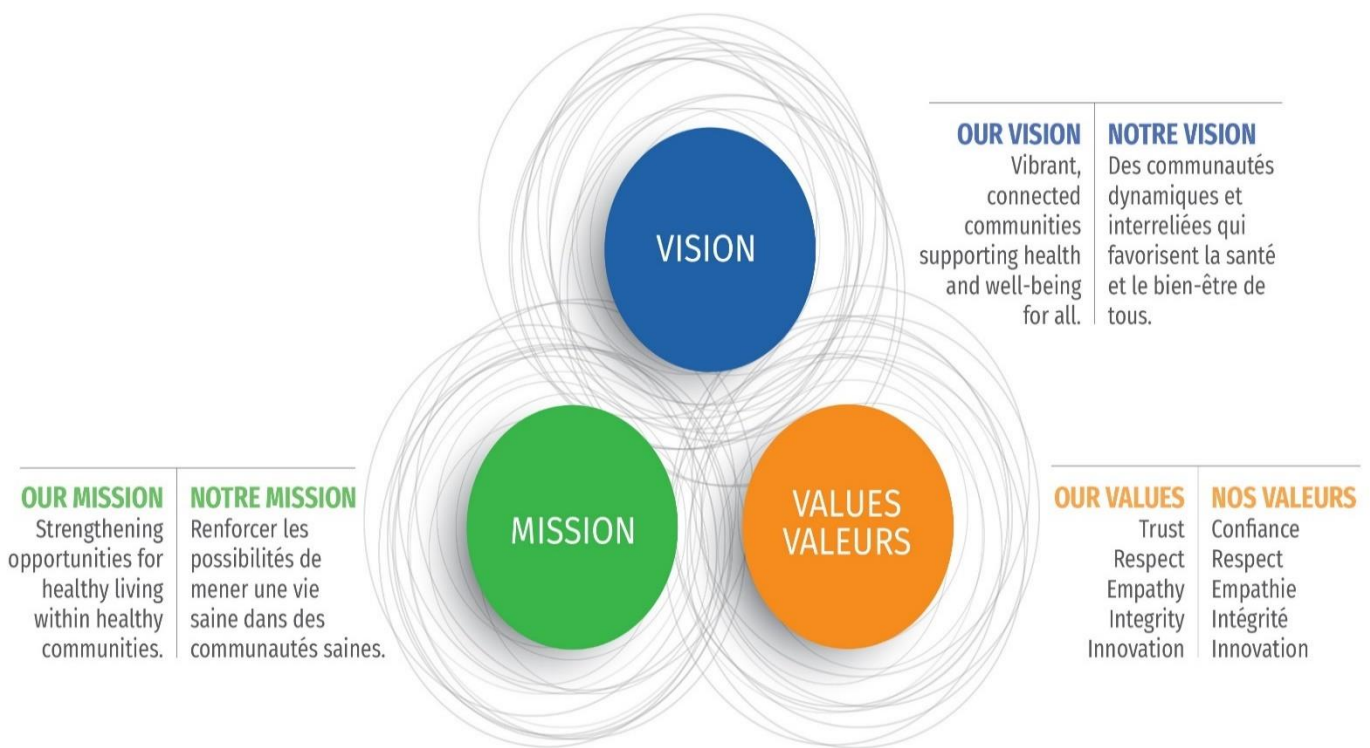


# PORCUPINE HEALTH UNIT

## Medical Officer of Health Report to the Board of Health



**We Are Public Health - Nous sommes la santé publique**  
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Prepared by:  
Dr. Lianne Catton  
Medical Officer of Health – Chief Executive Officer  
February 25, 2021

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE

#### Porcupine Health Unit Status

*This table was updated on **Thursday, February 25, 2021, at 10:30 a.m.***

<b>Total Tests Completed*</b>	71,669
<b>Number of cases**</b>	330
<b>Active cases</b>	22
<b>Out of region cases</b>	0
<b>Resolved***</b>	308
<b>Recovered</b>	283
<b>Deceased</b>	25

\*Of which PHU is aware. Data has a 2-day lag and is extracted from the Ministry of Health VA Tool.

\*\*Number of confirmed cases, to date, including active, out of region, and resolved.

\*\*\*Number of recovered cases plus the number of deceased cases.

Testing data includes testing from community assessment centres and other health care settings, as well as targeted surveillance initiatives, such as in long-term care homes. Data is current with a 2-day lag.

Currently there are 3 ongoing outbreaks Foyer des Pioneers, Villa Minto, Maison Renaissance.

The PHU is currently in orange – restrict and expected to stay here but the province reassesses numbers and local context right up until Friday so will know tomorrow for next week.

- Regardless of colour or level-Ongoing action and vigilance are required to limit potential impacts of another wave, further tragic outcomes, and especially to limit any potential spread of Variants of Concern (VOCs)

#### Current Provincial Status

The COVID-19 Response Framework provides a regional approach based on local context to adjust and tighten public health restrictions in response to COVID-19 trends, surges, and waves in their areas. The framework categorizes public health unit regions into five levels: Green-Prevent, Yellow-Protect, Orange-Restrict, Red-Control, and Lockdown being a measure of last and urgent resort.

Numbers continue to stabilize somewhat however there is much caution and concern as the numbers of positive screens for VOCs increases and we saw the latest modelling predicts another surge and with predominantly VOC.

Provincial trends:

- Outbreaks have occurred in workplaces, schools, and long-term care facilities.
- Often staff break and lunch time are higher risks, as are informal times before or after sports or events or week.

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE (cont'd)

#### Current Provincial Status (cont'd)

Opportunity to learn from these trends in transmission elsewhere and prepare locally

- Limit close contacts to household members
- Continue to support and promote PH measures in all settings
- Expanded support for businesses and workplaces – implementation of the measures
- Ongoing IPAC support for LTCH, RH and congregate living settings
- Enhance messaging and delivery options format to better reach the younger demographic

#### Vaccine Update

- There is not enough vaccine to immunize everyone at the same time. The PHU is following the Provincial and Ministry Guidance and working with community partners to identify individuals at highest risk of infection and severe illness and outcomes and to those who work in high-risk populations and vulnerable people. Vaccination is dependent on the supply of vaccines.
- Health Unit regions across the province are in different stages within Phase 1 or within the province's COVID-19 Vaccine Distribution Plan.
- PHU currently in Phase 1 of the province's COVID-19 Vaccine Distribution Plan
  - Long term care Home (LTCH) and High-risk retirement home residents (HRRH), and First Nation Elders – first dose offered – second dose starting this week.
  - LTCH, HRRH and First Nation elder care staff, and essential caregivers and residents who did not receive their first dose to be done immediately once vaccine is available.
  - Alternative Level Care patients with a confirmed transfer to a LTCH, RH or other congregate living.
  - Highest Priority Health Care Worker, followed by Very High priority Health Care Workers; 'Patient Facing HCW' – health care workers who provide direct care to patients, in accordance with the Ministry of Health's guidance on Health Care Worker Prioritization
  - Indigenous Adults (northern remote and higher risk communities, on-reserve and urban)
- Next groups for first dose
  - Adults 80 years of age and older
  - Staff, residents and caregivers in retirement homes and other congregate care settings for seniors (i.e., assisted living)
  - Health care workers in High Priority level, and in accordance with the Ministry of Health's guidance on Health Care Worker Prioritization

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE (cont'd)

#### Vaccine Update (cont'd)

- All Indigenous adults
- Adults who are recipients of chronic home care services
- Co-development of vaccine program with Taykwa Tagamou, Mattagami, Waghoshig and Constance Lake, First Nations.
- PHU has administered 831 doses to LTCH, HRRH and elder care residents.
- Planning for mobile clinics starting the week of February 23 to offer second doses to LTCH, HRRH and elder care residents and residents who did not received their first dose.
- Operation Remote Immunity
  - Mass immunization clinics for first doses were offered in Moosonee February 17, 18 and 19 to anyone who consented and was eligible.
  - Clinics start next week for residents/elders who are due for their second dose of the vaccine.
- The PHU has received the Moderna vaccine so far but will be prepared to receive and work with other vaccines if needed.
- Phase 2 of the COVID-19 Vaccine Distribution Plan it is likely to begin in the spring, vaccine dependent.
- PHU Vaccination Program Planning
  - In collaboration with the Regional Advisory Task Force, decisions about the sequencing of vaccine distribution throughout the district continues within each phase and each population group identified by the provincial government to align with the principles of Ontario's COVID-19 Vaccine Distribution Task Force's Ethical framework for COVID-19 vaccine distribution.
  - The health unit met with primary care providers across the district on February 18 to strengthen partnerships and share plans for COVID-19 immunization.
  - The local COVID-19 Vaccine Implementation Committees assist the health unit in developing strategies and plans for community vaccine administration. The first meeting occurred on February 19 with over 70 community partners and will be ongoing.
  - Human resource capacity building is ongoing in preparation for arrival of additional vaccine doses and expansion of vaccine distribution.

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE (cont'd)

#### Vaccine Update (cont'd)

- Indigenous engagement tables to ensure meaningful engagement to co develop a culturally mindful and equitable program.
- Planning for development of mass immunization clinics throughout the health unit district in anticipation of increased vaccine deliveries.
- As the supply of vaccine received by the province is limited, the ministry has developed a COVID-19 Vaccine Distribution Plan to guide the equitable and efficient distribution of vaccine and ensure individuals at highest risk of infection and severe illness and outcomes were vaccinated as soon as possible. As per the Ministry guidelines, LTCH, HRRH and elder care residents were vaccinated in the PHU area.

#### Communications

Continued daily updates and key messages being shared on social media channels in French and English, as well as through email lists. Social media posts continue and there is recognition of the need to target younger age groups as the province continues to see cases growing in this demographic. There is ongoing work to engage younger community members, with the addition of another social media platform and messaging aimed to expand the reach with this demographic.

The PHU continues to invite community partners and municipalities to share this information, updates, and key messages within their channels, either by sharing PHU posts and emails directly; or through the development of their own messages with the information provided.

Regular media videoconference updates with Dr. Catton will return every two weeks and additional times as needed to address urgent items. Planning for potential increased frequency as the local context changes. Otherwise, pertinent updates, trends, local data and updated guidance and recommendations are provided through weekly teleconferences hosted by the PHU and also at local emergency control group/pandemic response tables with municipalities and Indigenous communities across the region.

#### Case Bulletin Updates

The adapted approach to case bulletins and sharing of epidemiological data was further outlined in a recent media release. Epidemiology summaries continue to be posted weekly, and there will be a weekly post sharing pertinent trends from the PHU, other health units and the province overall. Protection of personal health information remains a critical role of the PHU throughout the pandemic for all cases and contacts. Any pertinent information regarding a public health risk or exposure is shared as deemed necessary. Again, community members are reminded of the need to follow the measures to reduce the risk and act as though exposure is possible and probable every day with every interaction, regardless of case announcements.

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE (cont'd)

#### Contact Tracing

PHU case and contact tracing team (CCM) capacity has been increased to ensure ongoing timely follow up with cases for investigation and contact tracing. The PHU continues to meet provincial targets of reaching cases and close (high risk) contacts within 24 hours over 90% of the time. The addition of the provincial CCM database has improved efficiency for record keeping and reporting.

The PHU continues to staff two shifts, 7 days a week to respond to the needed response to cases. Availability of staff to respond to the lab results remains critical in controlling the spread of covid-19 in PHU communities.

#### Schools

##### School Update

- Enhanced school and childcare screening now implemented
- Students and children attending child care will now need to stay home and self-isolate if they have even only one new or worsening symptom of COVID-19 until:
  - They receive a negative COVID-19 test result.
  - They receive an alternative diagnosis by a health care professional; or
  - It has been 10 days since their symptom onset, and they are feeling better.
- Isolation requirement for household contacts of symptomatic individuals
- All asymptomatic household contacts of symptomatic individuals are required to quarantine until:
  - the symptomatic individual receives a negative COVID-19 test result or
  - an alternative diagnosis by a health care professional
  - If the symptomatic individual does not seek COVID-19 testing, all household contacts must quarantine for 14 days from their last contact with that symptomatic individual
  - Staff, students or children in child care who are household members of a high-risk contact of other cases in the community will need to self-isolate until the high-risk contact receives the first test result of the high-risk contact and potentially longer
  - These requirements align with the COVID-19 Variant of Concern: Case, Contact and Outbreak Management Interim Guidance (Version 2.0 – February 12, 2021).

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE (cont'd)

#### Schools (cont'd)

The PHU school team continues to work closely with all schools through their principals. Screening protocols for students and parents, return to school protocol for parents and schools, and ongoing education regarding active screening for school staff and teachers continues to be shared.

School nurses have been visiting schools to conduct a walk-through and review the School Infection Prevention and Control (IPAC) checklist from Public Health Ontario (PHO) and answer questions and share opportunities to strengthen measures that reduce the risk for the school community. This proactive walk-through was offered to all schools, and so far, 22 have been conducted. In addition to 9 more formal IPAC assessments with both the school nurse and a public health inspector in response to cases.

Dr. Catton and the manager of the school team continue to host weekly teleconferences with Dr. Corneil from Timiskaming Health Unit and their school lead, and Directors of Education (DOE) from all Boards of Education across the PHU. This continues to be an excellent opportunity to share pertinent trends, updated guidance, answer questions and review concerns, while ensuring consistency. There will be another communication shared in collaboration with all school boards across the PHU shortly.

#### School Case Protocol

This has been shared widely and continues to be strengthened with each case. Similar to other settings, any case identified in a school leads to a walk-through and review of IPAC and public health measures with a public health inspector and the school health nurse.

#### Variants of Concern

- Variants also known as strains are mutations or changes in the virus.
- There 3 variants circulating in the province – it is expected that the variants of concerns will be the main strains causing the majority of COVID-19 infections by the end of March.
- The new variants or strains have a high transmissibility which means they can spread more quickly/easily.
- Two individuals who were confirmed cases of COVID-19 screened positive for the presence of a variant of concern. We are still waiting for confirmation. The first individual was identified as having an exposure to an outbreak in another region where a variant of concern was confirmed. The second individual involved is a close contact of the first individual. Both reside in the Timmins area and have recovered from COVID-19. The high-risk contacts of these individuals have completed their self-isolation period.
- Enhanced public health measures have been implemented to reduce the spread of the variants of concern, as per Ministry guidance:

## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE (cont'd)

#### Variants of Concern (cont'd)

- Decreased threshold for high-risk contacts
- Travel restrictions and mandatory testing upon entry to Canada
- Enhanced screening for students and children attending child care
- Changes in isolation requirements for household contacts of symptomatic students and children attending child care and household contacts of high risk contacts

#### COVID-19 Response Framework

- Currently in Orange-Restrict – to be re-assessed regularly by the Province. Health unit regions remain in the same color for at least 2 weeks unless the situation worsens.
- The indicators to move includes not only number of cases, and percent positively but also the presence of variants of concern, outbreaks, exposure categories, number of contacts, context of neighbouring Health Units, etc.
- . There are restrictions on gatherings:
  - Informal indoor – 10 people
  - Informal outdoor – 25 people
  - Organized indoor – 50 people
  - Organized outdoor – 100 people
- Even if gatherings are allowed, doesn't mean it is safe to do so. Do not gather if you have symptoms, even if they are mild. When gathering, do not have close contact with others who do not live in your household. Which means keep a physical distance of 2 m or 6 feet, do not share drinks or food, do not hug, kiss or shake hands.

#### Current key messages:

- screen regularly for symptoms
- stay home and isolate if you have any symptoms, call for testing
- wash your hands often with soap and water or alcohol-based hand sanitizer
- sneeze and cough into your sleeve, or a tissue, discard, and wash your hands
- avoid touching your eyes, nose, or mouth
- practice 2 metres physical distancing
- limit close contact to household members
- go out for essentials only



## MEDICAL OFFICER OF HEALTH UPDATE

### PHU COVID-19 RESPONSE (cont'd)

#### COVID-19 Response Framework (cont'd)

- wear a mask in indoor public spaces
- wear a mask indoors and outdoors when physical distancing of 2 metres/6 feet cannot be maintained with anyone outside your household
- Masks should seal over nose, mouth, and chin without gapping
- Avoid any non-essential travel outside Northern Ontario and to areas with high cases.
  - If you must go, limit activities – pack your food, stay in hotels, avoid shopping and restaurants and social gatherings, etc.
  - Consider steps to reduce risk to others upon return

#### COVID IPAC Follow-up

##### Community of Practices

- LTCH/RH – weekly teleconferences and additional individual IPAC touch bases on Fridays with Each facility and a public health inspector.

### COVID RESPONSE WITHIN THE PHU

#### PHU Staff Support

The public health inspection team has conducted IPAC walk-throughs in all offices and the health and safety and logistics team have been working to address any opportunities to enhance measures to protect staff. This will be reassessed, and the measures below shared and reinforced regularly. Weekly all staff videoconference updates continue.

The PHU remains committed to the precautions to protect all staff and clients, and appreciates the ongoing commitment to these measures, policies, and protocols in all PHU offices.

#### These measures remain:

- Daily screening via the email survey sent to all staff and staying home with any symptoms;
- wearing masks - whenever up from personal workspace, and especially anytime distancing is a challenge; and always in public spaces of the PHU;
- distancing a minimum of 2m from others, including at break and lunch times;
- increased use of electronic meeting options;
- following PPE policies for client interactions;
- daily cleaning of workstations;
- enhanced cleaning overall;
- frequent handwashing;
- cough and sneeze etiquette;
- increased staff working from home, reducing numbers in offices;
- staggering lunches and breaks;
- limits for numbers in rooms; posters stickers and visual cues for distancing and masking in all areas.

## MEDICAL OFFICER OF HEALTH UPDATE

### COVID RESPONSE WITHIN THE PHU (cont'd)

#### PHU Staff Support (cont'd)

The management team continues to work diligently to support all PHU team members throughout the pandemic. The professionalism of all team members to respond to the ongoing pandemic - with extra hours, evening and weekend work, frequent changes in what they do, where they work, and how work is done at the PHU – has been incredible and is so greatly appreciated. Their dedication to protecting the population throughout this time is immeasurable. However, there is a recognition of the toll this has for the team, similar to all sectors and all PHU communities. Supporting mental health and wellness is important and continues to be a focus for the team, and a workplace wellness committee has been meeting.

### ONTARIO PUBLIC HEALTH STANDARDS

#### Immunization

##### Influenza

Flu clinic format was changed this year to accommodate COVID-19 safety precautions. All clinics were held offsite, at community halls/centres.

- Timmins offered 20 flu clinics and branch offices offered a total of 47 clinics.
  - As of November 11<sup>th</sup>, 708 people were immunized with flu vaccine through out the PHU

##### School Immunization

- School clinics were offered in the same format as the flu clinics. All clinics were held offsite, at community halls/centres.
- Parents were notified via mail, rather than through school and through social media
- Timmins offered 12 school clinics and branch offices offered a total of 22
- As of November 23, the PHU administered 474 doses of Menactra, 452 doses of Hepatitis B and 455 doses of Gardasil.

### ONGOING HEALTH PROTECTION WORK

#### Environmental Health

- COVID – Leading four ongoing COVID-19 Related outbreaks in the following settings:
  - 2 Long-Term Care Homes
  - 1 Workplace1 Congregate Setting – Treatment Centre
- Leading the Outbreak Management Meetings with all partners involved in daily meetings, reviewing the current practices, education, and providing directions on how to prevent further spread. As well as IPAC visits and walk throughs.

## MEDICAL OFFICER OF HEALTH UPDATE

### **ONGOING HEALTH PROTECTION WORK** (cont'd)

#### Environmental Health (cont'd)

- Infection Prevention and Control Hubs – Northern health units are setting up local IPAC hubs to assist congregate settings in the preplanning, preparation, and managing outbreaks of COVID-19. The PHU is in the initial stage of this initiative and searching for staff to take this work on. The hub just builds on the work we have already been doing with long-term and retirement homes. Now to strengthen the supports, a focus on other congregate settings will occur.

Public health inspectors continue to respond to complaints and complete routine compliance inspections

### **PORCUPINE HEALTH UNIT ORAL HEALTH, VISION AND SPEECH SERVICES**

#### Preschool Speech and Language 2020 (April to Dec)

- 143 Infant Hearing Program screens (in-person visits)
- 156 assessment (initial + re-assessment) sessions
- 508 therapy sessions (individual sessions + parent sessions with Hanen Programs) most of these were virtual visits (we have done less than 5 in-person visits)

#### Dental:

- Services resumed in late 2020 for Fluoride Varnish Program and staff have seen 27 children in January.
- OSDCP Providers who have signed on for 2021:
  1. 26 Dentists, 5 Denturists, 1 Oral Cancer Specialist from Sudbury
  2. Services Provided in 2020: 105 Seniors serviced, 228 appointments, 29 Seniors received new dentures
  3. Services Provided in Jan 2021: 25 Seniors serviced, 28 appointments, 2 Seniors received new dentures
- Most dental staff still providing COVID Response support on the phone lines, vaccine delivery and CCM.

### **PORCUPINE HEALTH UNIT HARM REDUCTION**

#### Opioid Response

- There continues to be an internal IMS team responding to the ongoing opioid crisis and has contributed to the Timmins Care website. The PHU continues to share alerts widely and monitor closely the local and provincial trends, local data is shared publicly on the PHU website. Social media posts continue several times a week in French and English to promote mental health, reducing stigma, overdose prevention, recognition as well as access to and use of naloxone.

## MEDICAL OFFICER OF HEALTH UPDATE

### **PORCUPINE HEALTH UNIT HARM REDUCTION** (cont'd)

#### Opioid Response (cont'd)

- Continue to expand distribution of naloxone across the region with other agencies and partners – includes support for policy development, training for staff as well as client use, other harm reduction messages and record keeping and reporting. Alerts from other regions regarding increases in deaths related to a black or maroon coloured fentanyl have been shared and the region remains in a state of enhanced surveillance.

With the call numbers for suspected opioid related overdoses having stabilized and decreased over the past few weeks, the emergency response plan continues to serve the region well, has provided timely information to partners and the public across the region, and is being reviewed by others outside the PHU region for adaptation and use at their local tables.

The team continues to work in the pillars of prevention, harm reduction, and emergency response and is supportive of the important ongoing work in addictions and treatment services with community partners. It is hoped that all of these pillars will come together and further contribute to a comprehensive community drug strategy, so integral to long term planning to address substance use across the region.

There is ongoing engagement with school boards to promote mental health.

Meeting of the Timmins and Area Drug Strategy Steering Committee (TADS) at the beginning of February, to review priorities and next steps, recognizing that while the opioid crisis is definitely a public health emergency as well, the inherent complexity also requires more hands-on deck and broader sector involvement in order to address it.

- The group that had been meeting to discuss and start planning for an overdose prevention site/consumption and treatment site/safe supply brought back to the TADS Steering committee that a new group needed to be formed and path forward determine. In other regions this is a tremendous undertaking with many partners co-leading and working together – not often led by one organization alone. As an example, some municipalities have actively supported and funded positions to for this work.
- Also plans for a group to meet to review the important communications and stigma work to be done. The PHU will continue to share messages broadly with the public and partners and asks for them to be shared further.

## MEDICAL OFFICER OF HEALTH UPDATE

### PORCUPINE HEALTH UNIT HARM REDUCTION (cont'd)

#### Opioid Response (cont'd)

**Table 1: Naloxone Distribution 2020**

New Distribution Sites in 2020	9
New police-fire administration sites 2020	1
Sites in progress of distribution enrollment	3
Total Distribution Sites with PHU	22

**Table 2: Naloxone Distribution 2019-2020**

Year	Full kits (plus refill boxes)
2019	2260 (plus 396 refill boxes) 2656 total
2020	4942 (plus 287 refill boxes) 5229 total

**Table 3: Harm Reduction Clinic 2020**

PHU Visits in Timmins	1251 Total	120 new clients
PHU Visits in branches	778 Total	82 new clients
Total Visits (including external sites)	Approx. 13,170	Approx. 366 new clients

## MEDICAL OFFICER OF HEALTH UPDATE

**Table 4: Outreach 2020**

Outings	79
Interactions	1712

### ONGOING SUPPORT FOR OTHER SECTORS AND GROUPS

#### Francophone Population Engagement

Management has updated client service standards and includes active offer of French and other guidance for staff to continue to ensure we are working to enhance access and culturally appropriate services for all, as per the PHU strategic plan priority.

The Porcupine Health Unit received very positive feedback from Francophone community partners (Carrefour Santé, Collège Boréal and Le Rayon Franco de Cochrane) on the communication provided in French since the beginning of the pandemic. The partners expressed their appreciation for the availability of French communication at the same time as the English communication on social media, the website, MOH/CNO videos, etc. This is very much appreciated feedback as the team has worked hard, with a significant amount of translation services required 7 days a week and often after hours to ensure timely access to information in both French and English throughout the pandemic.

#### Mennonite Community Engagement

The PHU team continues to engage with and provide support as needed to local Mennonite communities. Recently held a teleconference with community leadership members to review the latest guidance from the province, trends, and answer any questions.

#### COVID-19 In the Workplace

The workplace team continues to engage with chambers, BIA's, workplaces, and businesses across the PHU via weekly email blasts, ongoing social media posts and resources shared on the website.

There is tremendous gratitude for the ongoing work and sacrifices in implementing the precautions to protect staff, clients, customers, and communities.

## MEDICAL OFFICER OF HEALTH UPDATE

### **PORCUPINE HEALTH UNIT FINANCIAL UPDATE**

#### New Funding Approved

##### COVID-19: Infection Prevention and Control Hub Program

One-time funding has been approved to be used for costs associated with developing local networks (using a Hub and spoke model) of Infection Prevention and Control (IPAC) to enhance IPAC practices in community based, congregate living settings/sites. Congregate living settings/sites include long-term care homes, retirement homes, residential settings for adults and children funded by the Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive and residential housing funded by the Ministry of Health.

Eligible one-time funding must be used for the provision of IPAC expertise, education, and support to congregate care settings and will be subject to review by the Province. Funding must be used at the discretion of the Board of Health (the Hub), in conjunction with direction from the Province, Ontario Health Region North, and support from Public Health Ontario in service delivery. Other health partners may also be engaged such as Ontario Health Teams, hospitals, or primary care providers.

##### COVID Expenses- Forecasted to December 31, 2020:

Total COVID Expenses - \$3,527,508. Of that amount, \$1,154,034 is related to Case and Contact Management; \$3,225,355 in salaries and benefits; and \$302,153 on other COVID Related Expenditures (Travel, Supplies/Equipment/Communications/Other Operating).

To-date, the Ministry has approved \$362,800 as reimbursement for COVID related costs, which may increase upon final reporting.

### **PORCUPINE HEALTH UNIT HUMAN RESOURCES UPDATE**

#### Hiring

The following permanent full-time positions were recently filled. These vacancies were created because of resignations.

- Program Coordinator, HBHC, Timmins, effective January 11, 2021
- Administrative Assistant, Timmins, effective January 11, 2021
- Public Health Nurse, Timmins, effective January 11, 2021
- Public Health Nurse, Timmins, effective January 18, 2021 (reassignment)
- Public Health Inspector in Training, Timmins, effective February 1, 2021
- Executive Assistant to MOH/CEO, Timmins, effective March 1, 2021

## MEDICAL OFFICER OF HEALTH UPDATE

### PORCUPINE HEALTH UNIT FINANCIAL UPDATE

The following temporary full-time positions were recently filled. These vacancies were created because of resignations.

- Administrative Assistant, Timmins, effective February 25, 2021

The following temporary full-time, part-time, and casual positions were recently filled. These vacancies were created as a result of COVID-19 funding.

- Public Health Nurse, temporary full-time, Timmins, to March 26, 2021
- Public Health Nurse, temporary part-time, Timmins, to March 26, 2021
- Registered Nurse, temporary casual, Cochrane, to June 30, 2021
- Registered Practical Nurse, temporary casual, Moosonee, to June 30, 2021
- Public Health Nurse, temporary casual, Iroquois Falls, to June 30, 2021
- Health Promoter, temporary full-time, Timmins, to September 30, 2021
- Health Promoter, temporary full-time, Timmins, to September 30, 2021

#### Resignations

- Public Health Nurse, Timmins, effective December 9, 2020
- Public Health Nurse, Timmins, effective December 21, 2020
- Administrative Assistant, Timmins, effective January 8, 2021
- Public Health Nurse, Timmins, effective January 20, 2021
- Public Health Nurse, Timmins, effective February 12, 2021

#### Leaves of Absence

- Emergency Response On-Call Inspector, Timmins, to June 26, 2022
- Public Health Nurse, Hearst, to February 20, 2022
- Administrative Assistant, Timmins, to March 20, 2022

#### Merit Increments

- Public Health Nurse, to Level 8, effective January 5, 2021
- Manager Environmental Health, to Level 4, effective January 8, 2021
- Emergency Response On-call Inspector, to End 2, effective January 21, 2021
- Administrative Assistant, to End 1, effective January 25, 2021
- Public Health Nurse, to Level 8, effective February 16, 2021
- Administrative Assistant, End 1, effective March 3, 2021
- Public Health Nurse, to Level 4, effective, March 20, 2021



## MEDICAL OFFICER OF HEALTH UPDATE **PORCUPINE HEALTH UNIT HUMAN RESOURCES UPDATE** (cont'd)

### Retirement

- Executive Assistant to MOH/CEO, effective March 31, 2021

The PHU continues to look to expand the team for the ongoing and increasing needs for the COVID-19 response, and at this time, especially the COVID-19 vaccine program.

Respectfully Submitted,  
Lianne Catton, M.D., CCFP-EM, MPH  
Medical Officer of Health/Chief Executive Officer  
Porcupine Health Unit