COMPARISON OF 2008 OPHS AND 1997 MHPSG

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Introduction

This document lists the **requirements** of both the 2008 Ontario Public Health Standards and the **requirements** in the 1997 *Mandatory Health Programs and Services Guidelines* (*MHPSG*).

A comparison of the Principles is provided below:

2008 OPHS	1997 MHPSG

Need
• Importance of data and information to inform decision-making at the local level
• Need is established by assessing the distribution of determinants of health, health status and incidence of disease and injury
• Highlights need to minimize barriers to accessing services and to foster partnerships
 	
Impact
• Assessment, planning, delivery and management of public health programs must consider:
    • Evidence of the effectiveness of the intervention
    • Whether interventions are compatible with the scope of programming for boards of health
    • Barriers to accessing maximum health potential and narrowing inequities in health
    • Performance measures to assess the impact and effectiveness of programs and services
    • Need to further assess unintended consequences to improve understanding of program and services or the context
 	
Capacity
• Concept of organizational structures and processes; workforce planning, development and maintenance; information and knowledge systems; and financial resources
• Highlights workforce issues related to:
    • Required staffing per regulation and types of background of staff for interdisciplinary public health practice
    • Building human resource capacity via ongoing staff development, skill building, lifelong learning and future health professionals
 	
Partnership and Collaboration
• Partnerships across health sector and with other sectors
• Foster the creation of supportive environments for health via community and citizen engagement
	Need: How big is the problem?
	• Assessment of need requires identification of opportunities for health Improvement, establishment of relative importance of the needs, understanding of the context of the needs
	• Knowledge of epidemiology as well as understanding the determinants of health
	
	Impact: How much can we fix?
	• Reasonable evidence that intervention can and would work in Ontario
	• Importance of health impact of intervention measured at a population-level
	• Interventions should reflect understanding of determinants of health
	
	Appropriateness: Are we the best people to do it?
	• Decision as to whether delivery of program is appropriate for boards of health
	• Program compatibility with Ontario's health goals and established role of public health
	
	Capacity: Are we able to do it?
	• Capacity of board of health working with community to provide the program
	• Assessment of costs and benefits, impacts vis-à-vis monetary and opportunity costs as well as other effects

2008 OPHS – Foundational Standard	1997 MHPSG – General Standards
Population Health Assessment 1. The board of health shall assess current health status, health behaviours, preventive health practices, health care utilization relevant to public health, and demographic indicators in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 2. The board of health shall assess trends and changes in local population health in accordance with the *Population Health Assessment and Surveillance Protocol*, 2008 (or as current). 3. The board of health shall use population health, determinants of health and health inequities information to assess the needs of the local population, including the identification of populations at risk, to determine those groups that would benefit most from public health programs and services (i.e., priority populations[11]). 4. The board of health shall tailor public health programs and services to meet local population health needs, including those of priority populations, to the extent possible based on available resources. 5. The board of health shall provide population health information, including determinants of health and health inequities to the public, community partners, and health care providers, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Surveillance*** 6. The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 7. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).	***Equal Access*** 1. The board of health shall provide mandatory public health programs and services, whenever practical and appropriate, which are accessible to people in special groups for whom barriers* exist. Broadening access may require adjusting existing programs, promoting accessibility and developing special programs including special educational materials, tailored service delivery and active outreach. 2. When planning to use facilities and sites for mandatory public health programs, the board of health shall select those which are barrier-free and have suitable access for special groups. 3. The board of health shall establish ongoing community processes to identify needs, recommend approaches and monitor progress toward achieving access to the mandatory public health programs and services. ***Program Planning and Evaluation*** 1. The board of health shall liaise with district health councils, social service and municipal organizations, educational institutions, law enforcement agencies, social planning bodies and other health professions, in order to access all data relevant for local health planning. 2. The board of health shall assess annually the community health status in the health unit using as a minimum, data on: a. demographics; b. mortality rate; c. morbidity rates; d. reproductive outcomes; e. risk factor prevalence; f. health conditions that are known or suspected to be associated with exposure to health hazards; and g. dental health indices.

[11] Priority populations are identified by surveillance, epidemiological, or other research studies. They are those populations that are at risk and for which public health interventions may be reasonably considered to have a substantial impact at the population level.

* Barriers can include, but are not limited to: literacy level, language, culture, geography, social factors, education, economic circumstance, and mental and physical ability.

2008 OPHS – Foundational Standard	1997 MHPSG – General Standards
Research and Knowledge Exchange 8. The board of health shall engage in knowledge exchange activities with public health practitioners, policy-makers, community partners, health care providers, and the public regarding factors that determine the health of the population and support effective public health practice gained through population health assessment, surveillance, research, and program evaluation. 9. The board of health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange. 10. The board of health shall engage in public health research activities,[8] which may include those conducted by the board of health alone or in partnership or collaboration with other organizations. ***Program Evaluation*** 11. The board of health shall routinely monitor program activities and outcomes to assess and improve the implementation and effectiveness of programs and services, including collection, analysis, and periodic reporting of indicators related to inputs, resources, implementation processes, reach, outputs, and outcomes. 12. The board of health shall conduct program evaluations when new interventions are developed or implemented, or when there is evidence of unexpected operational issues or program results, to understand the linkages between inputs, activities, outputs, and outcomes. 13. The board of health shall use a range of methods to facilitate public health practitioners' and policy-makers' awareness of the factors that contribute to program effectiveness.	***Program Planning and Evaluation*** 3. The board of health shall produce an annual report covering current key public health issue(s) that is communicated to the community. 4. The board of health shall ensure the use of community health status information in assessing local health needs and in the planning and evaluating of programs. 5. The board of health shall, in collaboration with researchers and practitioners: a. ensure the development of innovative, cost-effective, evidence-based programs and services that are consistent with mandatory health programs and services; b. ensure evaluation is undertaken in areas directly related to mandatory health programs and services; and c. ensure the dissemination of the knowledge gained from program development and evaluation. 6. The board of health shall encourage continuing education for public health practitioners in order that they develop and maintain the knowledge and skills for the most effective delivery of mandatory health programs and services.

[8] Research that involves personal health information must comply with the Personal Health Information Protection Act, and specifically with section 44 of that Act.

CHRONIC DISEASES AND INJURIES

2008 OPHS – Chronic Disease Prevention	1997 MHPSG – Chronic Disease Prevention	1997 MHPSG – Early Detection of Cancer
Assessment and Surveillance 1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Healthy eating; • Healthy weights; • Comprehensive tobacco control[9]; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. 2. The board of health shall monitor food affordability in accordance with the *Nutritious Food Basket Protocol*, *2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 3. The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Assessing the needs of educational settings; and b. Assisting with the development and/or review of curriculum support.	1. The board of health shall work with community agencies and groups to provide the public with information and opportunities for skill development to facilitate the adoption of health-related behaviours for the prevention of chronic diseases. Topics that must be included are: tobacco-free living, healthy eating, healthy weights and regular physical activity. This shall include as a minimum: a. provide at least one community-wide education campaign annually involving one of the above topics. The campaign must include the use of three of the following: television, radio, newspaper, posters/pamphlets, transit/billboard ads, community forums and contests; b. promote and provide community events, on each of the above-mentioned topics, annually. Community events are open to the general public and/or specifically-targeted groups. They must involve public interaction and participation, and provide information and/or skill building; c. develop, maintain an annual membership and participate in coalition(s) of community agencies and groups to coordinate community activities to address all of the above-mentioned topics; d. promote and provide a telephone advice line and use the Internet to offer information on all of the above-mentioned topics and information on board of health and community programs; and e. promote and provide information on the above topics through ongoing use of the community mass media including television, radio and print (newspaper, pamphlets).	1. The board of health shall work with and assist regional OBSP centres to increase recruitment to the OBSP. This shall include as a minimum: a. work with community groups, women and health professionals to coordinate services, identify gaps and barriers to screening, and develop and implement strategies to reduce barriers and increase the level of use of OBSP; b. ensure that a community-wide education campaign using a variety of strategies such as television, radio, newspapers, posters/pamphlets occurs not less than once a year aimed at increasing awareness and knowledge of effectiveness and availability of screening through OBSP; c. provision of group education sessions for women and their family members at a frequency of one per 100,000 population or two group sessions per year, whichever is greater; and d. provision of continuing education and resource materials to health professionals to promote awareness of OBSP. 2. The board of health shall work with community groups, women and health professionals to coordinate services, identify gaps and barriers to screening, and develop and implement strategies to increase recruitment for cervical cancer screening, particularly those in hard-to-reach groups.

[9] Comprehensive tobacco control includes preventing the initiation of tobacco use among young people; promoting quitting among young people and adults; eliminating non-smokers' exposure to environmental tobacco smoke; and identifying and eliminating disparities related to tobacco use and its societal outcomes among different population groups.

2008 OPHS – Chronic Disease Prevention	1997 MHPSG – Chronic Disease Prevention
4. The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; • Work stress; and • Exposure to ultraviolet radiation. These efforts shall include: a. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and b. Reviewing, adapting, and/or providing behaviour change support resources and programs. 5. The board of health shall collaborate with local food premises to provide information and support environmental changes through policy development related to healthy eating and protection from environmental tobacco smoke. 6. The board of health shall work with municipalities to support healthy public policies and the creation or enhancement of supportive environments in recreational settings and the built environment regarding the following topics: • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation.	2. The board of health shall support the development of peer educators as appropriate to participate in, and support chronic disease prevention by promoting one or more of the following topics: tobacco-free living, healthy eating, healthy weights and regular physical activity. This shall include recruiting peer educators; and providing orientation, initial and ongoing training, ongoing consultation and support, ongoing coordination and monitoring of the activities, and a system of recognition. 3. The board of health shall provide education for staff in social service and seniors' agencies, recreation departments and child care facilities to promote chronic disease prevention in their work environment. Topics that must be included are: tobacco-free living, healthy eating, healthy weights and physical activity. This shall include as a minimum: a. promote and provide a two-hour education event on each f the above topics annually; and b. provide, every three months, communication to inform and update on all the above topics using a newsletter or the Internet. 4. The board of health shall work with community agencies and groups, and health professionals to provide information and education on the benefits and methods for quitting smoking including community smoking cessation programs. This shall include as a minimum: a. provide, on an ongoing basis, information on self-help materials and other resources through community media information services; and b. provide smoking cessation programs and brief contact interventions giving emphasis to populations and areas not covered by existing programs. 5. The board of health shall contribute to the reduction of second-hand smoke exposure to the public, particularly pregnant women, children and youth. This shall include as a minimum: a. provide, on an ongoing basis, information to parents, caregivers and the community on the risks of second-hand smoke and strategies for attaining smoke-free homes, home day cares, and cars; and b. support and encourage municipal policy development, including the consideration of appropriate by-laws and their enforcement to reduce smoking in public places and workplaces.

2008 OPHS – Chronic Disease Prevention	1997 MHPSG – Chronic Disease Prevention
7. The board of health shall increase the capacity of community partners to coordinate and develop regional/local programs and services related to: • Healthy eating, including community-based food activities; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. These efforts shall include: a. Mobilizing and promoting access to community resources; b. Providing skill-building opportunities; and c. Sharing best practices and evidence for the prevention of chronic diseases. 8. The board of health shall provide opportunities for skill development in the areas of food skills and healthy eating practices for priority populations.[13] 9. The board of health shall ensure the provision of tobacco use cessation programs and services for priority populations. 10. The board of health shall collaborate with community partners to promote provincially approved screening programs related to the early detection of cancers.	6. The board of health shall enforce the Tobacco Control Act, including the sale or provision of tobacco, its promotion and distribution and smoking at prohibited sites. This shall include as a minimum: a. annual inspections of all tobacco vendors believed to be in compliance with the Tobacco Control Act to ensure continued compliance with sections 3, 5, 6, 7, 9 and 10 of the Tobacco Control Act; b. a semi-annual inspection of each tobacco vendor who has been warned of non-compliance under the Tobacco Control Act or charged with an offence under the Tobacco Control Act in the previous two years to ensure continued compliance with sections 3,5,6,7,9 and 10 of the Tobacco Control Act, and sections 16, 17 and 18 of the Tobacco Control Act, if applicable; c. in addition to the above-mentioned inspections, such additional inspections as are necessary to ensure correction of non-compliance observed during previous inspection(s) and to investigate all complaints under the Tobacco Control Act; d. annual "compliance checks" encompassing at least 10 per cent of all tobacco vendors within the board of health's jurisdiction. The checks will be conducted in accordance with the Ministry of Health *Determination of Tobacco Vendor Compliance Protocol (January 1, 1998)*. These checks may be conducted in conjunction with the inspections outlined in subsections a., b., and c. above; e. the issuing of Provincial Offence Notices and laying of charges when infractions occur, particularly with respect to section 3 of the Tobacco Control Act, according to the Ministry of Health *Routine Inspections, Follow-up of Complaints and Inspection of Problem Tobacco Vendors Protocol, (January 1, 1998)*; f. the compilation of a list of all tobacco vendors within the board of health's jurisdiction. The list shall be updated annually; g. the annual inspection of all secondary schools for compliance with sections 9 and 10 of the Tobacco Control Act; inspections every two years of all elementary schools and places as referred to under paragraphs 1 and 2 of subsection 9(1) of the Tobacco Control Act, for compliance with sections 9 and 10 of the Tobacco Control Act; inspection of all places referred to under subsection 9(1) of the Tobacco Control Act on a complaint basis to ensure compliance with the Tobacco Control Act; h. ensure that an agreement is in place at every secondary school within the jurisdiction of the board of health outlining the roles and responsibilities of the board of health and of school officials, and the procedures to be followed for assuring compliance with subsection 9(1) of the Tobacco Control Act; i. ensure the ongoing use of community media to increase awareness of the Tobacco Control Act and its purpose and to facilitate awareness of the rationale and scope of the board of health's enforcement efforts; and j. ensure that there are sufficient board of health staff trained in inspection and enforcement duties as they relate to the responsibilities listed above.

[13] This may include pregnant and postpartum women, individuals of low socio-economic status and youth.

<table>
<tr><th>2008 OPHS – Chronic Disease Prevention</th><th>1997 MHPSG – Chronic Disease Prevention</th></tr>
<tr><td>11. The board of health shall increase public awareness in the following areas:
• Healthy eating;
• Healthy weights;
• Comprehensive tobacco control;
• Physical activity;
• Alcohol use;
• Exposure to ultraviolet radiation;
• Benefits of screening for early detection of cancers and other chronic diseases of public health importance; and
• Health inequities that contribute to chronic diseases.

These efforts shall include:
a. Adapting and/or supplementing national and provincial health communications strategies; and/or
b. Developing and implementing regional/local communications strategies.

12. The board of health shall provide advice and information to link people to community programs and services on the following topics:
• Healthy eating;
• Healthy weights;
• Comprehensive tobacco control;
• Physical activity;
• Alcohol use;
• Screening for chronic diseases and early detection of cancers; and
• Exposure to ultraviolet radiation.

Health Protection
13. The board of health shall implement and enforce the Smoke-Free Ontario Act[14] in accordance with provincial protocols, including but not limited to the Tobacco Compliance Protocol, 2008 (or as current).</td><td>7. The board of health shall work with municipal recreation departments and other community partners to promote and increase access to regular physical activity for people of all ages. This shall include as a minimum:
a. provide, on an ongoing basis, information to the public through the use of television, radio, pamphlets, posters, presentations on the health benefits of regular physical activity;
b. promote, on an ongoing basis, the availability of opportunities for physical activities;
c. assist community partners to increase the availability of safe and accessible recreation opportunities such as walking trails and cycling routes; and
d. promote and assist in the development of policies that increase access to regular physical activity in the community.

8. The board of health shall work with community agencies and groups to promote access to sufficient, safe, nutritious and personally acceptable food for people of all ages. This shall include as a minimum:
a. monitor, annually, the cost of a nutritious food basket according to the Ministry of Health Monitoring the Cost of a Nutritious Food Basket Protocol (June 1, 1998). Information about the cost of a nutritious food basket is to be used on an ongoing basis to promote and support policy development to increase access to healthy foods;
b. develop and disseminate an inventory of local programs and services which increase access to healthy foods. The inventory shall be updated annually;
c. work with community agencies and groups to improve access to healthy foods on an ongoing basis; and
d. promote and provide consultation and training sessions to community agencies and groups that are involved in increasing access to healthy foods on an ongoing basis.</td></tr>
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[14] This shall include, but not be limited to: inspection and re-inspection, including enforcement/compliance checks of all tobacco vendors; inspection and re-inspection of appropriate public places and workplaces; inquiries into all complaints under the Smoke-Free Ontario Act; maintenance of a supporting database related to enforcement of the Smoke-Free Ontario Act, and provision of Smoke-Free Ontario Act education and information to the community. It is recommended that boards of health also offer to develop a written agreement with every school board covering all local schools and outlining the roles and responsibilities of the board of health and school officials and the procedures related to the Smoke-Free Ontario Act.

2008 OPHS – Chronic Disease Prevention	1997 MHPSG – Chronic Disease Prevention
	9. The board of health shall work with all schools and school boards to implement health promotion programming. Topics that must be included are: tobacco-free living, healthy eating, healthy weights and regular physical activity. This shall include as a minimum: a. provide assistance and consultation to school boards, school advisory councils and principals/teachers to review and implement health-related curricula on all the above topics as requested; b. promote and provide teachers from all schools an opportunity to attend two hours of continuing education annually on one or more of the above-mentioned topics; c. provide ongoing consultation and development and review of learning materials for school boards, student advisory councils and school staff throughout the year on all of the abovementioned topics; and d. support the implementation of a variety of activities in schools on an ongoing basis. This will include: student-led school wide initiatives, peer education, peer support groups and annual awareness events on any of the above topics. 10. The board of health shall work with school boards, school advisory councils, principals/teachers and parents to develop and implement guidelines that support healthy eating and regular physical activity. This shall include as a minimum: a. promote the need for guidelines for health eating and daily physical activity with all school boards and all schools on an annual basis; b. provide information, consultation and support to establish healthy eating guidelines consistent with *Canada's Food Guide to Healthy Eating* and relevant to foods available within the school including school nourishment programs, cafeterias, tuck shops/snack bars, vending machines, foods sold or distributed at special events and sports days, and foods used for fund-raising; and c. provide information, consultation and support to establish guidelines which encourage daily physical activity for all students through balanced instructional programs, intramural activities, and interschool athletics, and skill development for lifelong active living. 11. The board of health shall work with workplace personnel and local trade and business associations to improve awareness, skills development and the work environment to reduce the risk of chronic diseases. Topics must include one or more of the following: tobacco-free living, healthy eating, healthy weights and regular physical activity. This shall include as a minimum: a. provide consultation, assistance and health promotion resources to workplaces on all the above topics on an ongoing basis including any combination of workshops, print materials, and displays; and b. promote and provide a two-hour education event on one or more of the above topics once a year to occupational health practitioners and others who may influence employee health.

2008 OPHS – Chronic Disease Prevention	1997 MHPSG – Chronic Disease Prevention
	12. The board of health shall work with workplace personnel and local trade and business associations to develop and implement guidelines that will reduce the risk of chronic diseases. This shall include as a minimum: a. promote the need for smoke-free workplaces, healthy eating guidelines and higher levels of regular physical activity in workplaces through the use of the Internet and mass media; b. provide consultation and assistance to establish smoke-free workplaces including provision of smoking cessation material and programs either directly or by linking with available and appropriate community cessation programs; c. provide consultation and assistance to establish healthy eating guidelines consistent with *Canada's Food Guide to Healthy Eating* and relevant to foods available in cafeterias, vending machines and at business functions; and d. provide consultation and assistance to support higher levels of regular physical activity by increasing employees' access to physical activity opportunities (e.g., on-site showers, locker rooms/equipment, incentives for community fitness club memberships, bicycle racks, walking clubs). 13. The board of health shall work with health professionals to enhance their knowledge and skills that will assist their patients/clients to stop smoking, eat a healthy diet, maintain or attain a healthy weight and engage in regular physical activity. This shall include one or more of the following: a. promote use of in-office reminders for health professionals for preventive interventions on all the above topics; b. provide patient educational materials on all the above topics; c. perform outreach visits to health professionals' offices to encourage preventive interventions on all the above topics; d. use health opinion leaders to encourage and model preventive interventions on all the above topics; and e. participate in skill building workshops on the above topics. 14. The board of health shall work with restaurants, grocery stores, other food purchase outlets, and community partners to promote and provide information for, offer education and skills development programs, and improve physical and social environments for people to adopt healthy eating practices. This shall include as a minimum: a. promote and provide healthy information on an ongoing basis about healthy food choices in grocery stores, restaurants and cafeterias including displays, posters and point-of-purchase information; b. promote and provide information and skills development for the public and particular target groups through group sessions on choosing, purchasing and preparing healthy foods at a frequency of 20 group sessions per 100,000 or 20 group sessions per year, whichever is greater; c. provide consultation to restaurants and cafeterias to enable them to offer and promote healthy food choices to their customers on an ongoing basis; d. provide a healthy eating education component in Food Handler Training Courses in collaboration with Food Safety Requirement 4 on an ongoing basis; and e. provide healthy eating education programs for food service industry personnel annually including workshops, newsletter inserts and food demonstrations.

2008 OPHS – Chronic Disease Prevention	1997 MHPSG – Chronic Disease Prevention
	15. The board of health shall work with local groups and individuals to provide education and promote policies which reduce the risk of skin cancers. This shall include as a minimum: a. ensure the provision of community-wide education using a variety of strategies that address reducing exposure to ultraviolet radiation from the sun and artificial sources (e.g., tanning beds, lights); b. assist schools, child care facilities, and work sites to develop and implement policies which reduce the risk of skin cancers; and c. work with community partners to encourage public policy decisions that increase shade for public and school outdoor recreation areas.

2008 OPHS – Prevention of Injury and Substance Misuse	1997 MHPSG – Injury Prevention Including Substance Abuse Prevention
Assessment and Surveillance 1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of [15]: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and • Other areas of public health importance[16] for the prevention of injuries. ***Health Promotion and Policy Development*** 2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and programs, and the creation or enhancement of safe and supportive environments that address the following: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 3. The board of health shall use a comprehensive health promotion approach to increase the capacity of priority populations to prevent injury and substance misuse by: a. Collaborating with and engaging community partners; b. Mobilizing and promoting access to community resources[17]; c. Providing skill-building opportunities; and d. Sharing best practices and evidence for the prevention of injury and substance misuse.	1. The board of health shall work with municipal police, the Ontario Provincial Police, other traffic enforcement agencies and community groups to prevent injuries caused by motorized vehicles and bicycles by supporting policies and educating the public and targeted groups. As a minimum, the following topics are to be addressed: a. road and motorized vehicle safety; b. the correct use of car restraints and airbags; c. bicycling injury prevention and bicycle helmet use; d. impaired driving and riding with an impaired driver. 2. The board of health shall use the following means to address the topics listed in 1. above. This shall include as a minimum: a. develop, maintain membership on and actively participate in a community injury prevention coalition and a substance abuse prevention coalition; and b. promote and provide, on an annual basis, educational information and activities on three of the topics identified in 1. above. This shall include as a minimum: i. provide at least one community-wide education campaign annually. The campaign must include the use of three of the following: television, radio, newspapers, posters/pamphlets and the Internet; and ii. provide one community event (community or board of health led), per 100,000 population or two community events per year, whichever is greater. Community events are open to the general public and/or specifically-targeted groups. They must involve public interaction and participation, and provide information and/or skill building. 3. The board of health shall work with community agencies and groups to support policies and educate the public and targeted groups about low-risk drinking, illicit substance use and the non-medical use of drugs and of other psychoactive substances. As a minimum, the following topics are to be addressed: a. alcohol use and health status; b. drinking levels associated with a low risk of alcohol-related problems; c. circumstances and populations where a person should limit use; d. countermeasure initiatives; and e. the risks associated with illicit substance use and the non-medical use of drugs and of other psychoactive substances.

[15] The broad topic areas include alcohol and other substances (i.e., including alcohol misuse, drinking and driving, illicit substance use), falls across the lifespan (i.e., including falls in children, youth, adults, and older adults), and road and off-road safety (i.e., including motorized vehicles, pedestrians, cyclists, drivers, and occupants).

[16] Other areas of public health importance related to prevention of injuries and substance misuse may include violence, suicide, burns, drowning, farm injuries, poisonings, scalds, suffocation, sport and recreation, and playground safety. The assessment, planning, delivery, and management for other areas of public health importance would be based on local epidemiology and evidence of effective interventions.

[17] Community resources may include, but are not limited to, volunteers, coalitions, stakeholders, and access to safety equipment.

2008 OPHS – Prevention of Injury and Substance Misuse	1997 MHPSG – Injury Prevention Including Substance Abuse Prevention
4. The board of health shall increase public awareness of the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries, as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies. ***Health Protection*** 5. The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation[18] related to the prevention of injury and substance misuse in the following areas: • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the *Population Health Assessment and Surveillance Protocol*, 2008 (or as current).	4. The board of health shall use the following means to address the topics identified in 3. above. This shall include as a minimum: a. develop and maintain an annual membership on and actively participate in a substance-abuse prevention coalition; b. ensure to the best of the board of health's ability that a functioning alcohol risk management policy is in place in every municipality, university, college, and recreation centre within the board of health's jurisdiction; c. ensure that there is annual provision of server intervention training to the public, staff and volunteers at recreational and other targeted facilities; and d. on an annual basis, promote and provide educational information and activities on three of the topics listed in 3. above. This shall include as a minimum: i. provide at least one community-wide education campaign annually. The campaign must include the use of three of the following: television, radio, newspapers, posters/pamphlets and the Internet, and ii. one community event (community or board of health-led), per 100,000 population or two community events per year, whichever is greater. Community events may be open to the general public and/or specifically targeted groups. They must involve public interaction and participation, and provide information and/or skill building. 5. The board of health shall work with school boards, school advisory councils, principals/teachers and parents to promote and provide information and skill development programs on the topics listed in requirements 1. and 3. above. This shall include at a minimum: a. one annual student education event on at least two of the topics listed in each of requirements 1. and 3. above, with the consent of the school (student or teacher or board of health led), in 50 per cent of the schools in the jurisdiction of the board of health. Of these schools, a minimum of 25 per cent of students must be reached. An equivalent option may be delivered with the approval of the Ministry; b. promote and provide teachers from all schools an opportunity to attend two hours of continuing education annually on one or more of the topics in each of requirements 1. and 3. above; c. provide ongoing consultation and development and review of learning materials; and d. support the development of injury prevention and substance abuse prevention policies, as appropriate.

[18] Legislation includes municipal by-laws (e.g., community safety zones), provincial legislation (e.g., mandatory child car seats under the Highway Traffic Act), and federal legislation (e.g., ban on baby walkers under the Hazardous Products Act) that support prevention of injury and substance misuse.

2008 OPHS – Prevention of Injury and Substance Misuse	1997 MHPSG – Injury Prevention Including Substance Abuse Prevention
	6. The board of health, in partnership with other health care providers and community groups shall support policies and educate the elderly and other targeted groups to prevent fall-related injuries in the elderly. Topics addressed must include the risk factors associated with fall-related injuries and strategies to prevent these injuries. As a minimum, the following should be utilized to address the risk factors: a. develop, maintain membership on and actively participate in a fall-related injury prevention coalition; and b. promote and provide, on an annual basis, educational information and activities regarding the risk factors. This shall include as a minimum: i. provide at least one community-wide education campaign annually. The campaign must include the use of three of the following: television, radio, newspapers, posters/pamphlets and the Internet, and ii. provide at least one community event (community or board of health led), per 200,000 population or two community events per year, whichever is greater. Community events may be open to the general public and/or specifically targeted groups. They must involve public interaction and participation, and provide information and/or skill building. 7. The board of health shall work with workplace personnel and local trade and business associations to improve awareness, skills development and the work environment to prevent alcohol and other substance abuse. This shall include as a minimum: a. provide consultation, assistance and health promotion resources to workplaces; and b. promote and provide a two-hour educational event once a year to occupational practitioners and others who may influence employee health. 8. The board of health shall work with health professionals to enhance their knowledge and skills about injury prevention and substance abuse prevention. This shall include one or more of the following: a. promote use of in-office reminders for health professionals for preventive interventions; b. provide patient educational materials; c. perform outreach visits to health professionals' offices to encourage preventive interventions; d. use health opinion leaders to encourage and model preventive interventions; and e. participate in skill building workshops.

2008 OPHS – Prevention of Injury and Substance Misuse	1997 MHPSG – Injury Prevention Including Substance Abuse Prevention
	9. The board of health shall: a. inspect public pools at least two times per year and no less than once every three months while operating to ensure compliance with Ontario Regulation, Public Pools; b. inspect public wading pools, at least two times per year and no less than once every three months while operating to ensure compliance with the Ministry of Health *Standards for Public Wading Pools Protocol (January 1, 1998)*; c. inspect public spas once per year while operating to ensure compliance with the Ministry of Health *Operation of Public Spas Protocol (January 1, 1998)*; d. make additional inspections of public pools, public wading pools and public spas as necessary to ensure correction of non-compliance with Ontario Regulation, Public Pools, or the appropriate Ministry of Health *Standards for Public Wading Pools Protocol (January 1, 1998)* and Ministry of Health *Operation of Public Spas Protocol (January 1, 1998)* observed during previous inspection(s), and to investigate bather complaints; and e. ensure the availability of information regarding the health and safety-related operational procedures applicable to public pools, public wading pools and public spas.

FAMILY HEALTH

<table>
<tr><th>2008 OPHS – Reproductive Health</th><th>1997 MHPSG – Reproductive Health</th></tr>
<tr><td>
Assessment and Surveillance
1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current) in the areas of:
• Preconception health;
• Healthy pregnancies;
• Reproductive health outcomes; and
• Preparation for parenting.

Health Promotion and Policy Development
2. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address:
• Preconception health;
• Healthy pregnancies; and
• Preparation for parenting.

These efforts shall include:
a. Conducting a situational assessment in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current); and
b. Reviewing, adapting, and/or providing behaviour change support resources and programs.[19]

3. The board of health shall increase public awareness of preconception health, healthy pregnancies, and preparation for parenting by:
a. Adapting and/or supplementing national and provincial health communications strategies; and/or
b. Developing and implementing regional/local communications strategies.
</td><td>
1. The board of health shall provide a reproductive health program that contains the following topics:
a. folic acid supplementation before conception and in early pregnancy;
b. adequate nutrition including optimal weight gain in pregnancy;
c. smoking cessation and exposure to second-hand smoke;
d. physical activity;
e. avoidance of alcohol and other substance use in pregnancy;
f. benefits of support systems;
g. stress reduction and management;
h. access to prenatal care; and
i. early recognition and appropriate response to pre-term labour

2. The board of health shall use the following means to address the topics listed in 1. above:
a. provide annual consultation to school boards, teachers and student councils on the implementation of a reproductive health curriculum on the topics listed in 1. above for grades 7 and above with the consent of the school. This shall consist of a half-day meeting with each school to review and advise on current content and resources;
b. promote and provide public education through group sessions on the topics listed in 1. above, at a frequency of 20 group sessions per 100,000 population; or 20 group sessions per year, whichever is greater. Education shall be targeted to all of the following: youth groups, pregnant women and their partners, and people planning pregnancies; and
c. distribute, on an ongoing basis, information on the topics listed in 1. above through the mass media including a combination of television, newspapers, radio, pamphlets and the Internet.

3. The board of health shall work with health professionals to enhance their knowledge and skills about reproductive health in order to support their counselling efforts. This shall include one or more of the following:
a. promote the use of in-office reminders for health professionals;
b. provide patient/client educational materials and reminders;
c. perform outreach visits to health professionals' offices;
d. use opinion leaders for the promotion of new programs and development of new protocols; and
e. participate in skill building workshops.
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[19] This could include, but is not limited to, curriculum support resources (in preschools, schools, etc.), workplace support resources, and education and skill-building opportunities, etc.

2008 OPHS – Reproductive Health	1997 MHPSG – Reproductive Health
4. The board of health shall provide, in collaboration with community partners, prenatal programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions. 5. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Preconception health; • Healthy pregnancies; and • Preparation for parenting. 6. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services. ***Disease Prevention*** 7. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).[20]	4. The board of health shall work with coalitions/networks of community agencies and groups and health and social service providers to coordinate services for pregnant women and people in their reproductive years. These services shall include as a minimum: a. develop and distribute a community inventory of preconception and prenatal services for women and people in their reproductive years. The inventory shall be updated annually and distributed through a mass mailing to community agencies and groups and health and social service providers. The inventory shall also be made available to the general public on request; b. conduct and document a needs assessment for service needs and update the assessment annually; c. assist in the development and implementation of new services as identified in the needs assessment, and the coordination of existing services. Assistance shall include: i. provision of public health expertise to the coalition/network such as epidemiological data, relevant research data and advice on effective program strategies and approaches, ii. annual one-day training of health and social service providers on the topics listed in 1. above, iii. ongoing provision of program materials, and iv. direct service delivery, when appropriate; and d. distribute a written update on coalition activities every six months to coalition members, their parent organizations and the public. 5. The board of health shall assist workplaces and workplace personnel in supporting healthy pregnancies. This shall include as a minimum: a. prepare information on risk factors related to reproductive health and distribute annually to management and employee groups. Content shall include information regarding the following: i. the impact of type and hours of work; ii. established chemical, physical and biological hazards; and iii. workplace programs and policies demonstrated to have a positive impact on reproductive outcomes; and b. assist in the development and implementation of workplace programs and policies to promote and protect the health of pregnant workers. Assistance shall include: i. offer presentations to employers every six months; and ii. provide ongoing advice and consultation to employers, as requested.

[20] While the Healthy Babies Healthy Children program does contain Health Promotion and Policy Development components, it has been included in the Disease Prevention section due to its focus on screening, assessment, referrals, and support services.

2008 OPHS – Child Health	1997 MHPSG – Child Health
Assessment and Surveillance 1. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health. 2. The board of health shall conduct surveillance of children in schools and refer individuals who may be at risk of poor oral health outcomes in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current), and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 3. The board of health shall report oral health data elements in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 4. The board of health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health. These efforts shall include: b. Conducting a situational assessment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and c. Reviewing, adapting, and/or providing behaviour change support resources and programs.[21]	1. The board of health shall provide a child health program that contains the following topics: a. developmental milestones including, but not limited to: i. speech and language, ii. hearing, iii. vision, iv. growth, v. motor skills, vi. social interaction, and vii. behaviour; and b. factors contributing to the achievement of milestones including, but not limited to : i. immunization, ii. injury prevention and safety, iii. nutrition, iv. preventive dental health practices, v. physical activity, vi. communication, vii. stimulation and play, viii. parenting ability, ix. family functioning, x. social supports, and xi. coping skills. 2. The board of health shall use the following means to address the topics listed in 1. above: a. promote and provide information and skills development for child care providers and health and social service providers through group sessions on the topics listed in 1. above. These shall be offered annually to each of the above-mentioned groups; b. provide at least one community-wide education campaign annually involving one of the topics listed in 1. above. The campaign must include the use of three of the following: television, radio, newspaper, posters/pamphlets, transit/billboard ads, community forums and contests; c. promote and provide a telephone line for information and consultation services on the topics listed in 1. above; d. distribute on an ongoing basis information on the topics listed in 1. above through the mass media including a combination of television, newspapers, radio, pamphlets and the Internet; e. promote and provide information and skills development for parents through group parenting sessions on the topics listed in 1. above at a frequency of 20 group sessions per 100,000 population, or 20 group sessions per year, whichever is greater; and f. promote and support the development of peer educators, as appropriate to support parents and assist with skills development. This shall include recruiting peer educators; and providing orientation, initial and ongoing training, ongoing consultation and support, ongoing coordination and monitoring of activities, and a system of recognition.

[21] This could include, but is not limited to, curriculum support resources (in preschools, schools, etc.), workplace support resources, education and skill-building opportunities, etc.

2008 OPHS – Child Health	1997 MHPSG – Child Health
5. The board of health shall increase public awareness of • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies. 6. The board of health shall provide, in collaboration with community partners, parenting programs, services, and supports, which include: a. Consultation, assessment, and referral; and b. Group sessions. 7. The board of health shall provide advice and information to link people to community programs and services on the following topics: • Positive parenting; • Breastfeeding; • Healthy family dynamics; • Healthy eating, healthy weights, and physical activity; • Growth and development; and • Oral health.	3. The board of health shall work with coalitions/networks of youth, parents, child care providers and health and social service providers to coordinate services for children, youth and parents. This shall include as a minimum: a. provide ongoing consultation to the network/coalition through the provision of public health expertise such as epidemiological data, relevant research data and advice on effective program strategies and approaches; and b. foster the development of peer support groups for parents and for youth. This shall include assisting in bringing individuals together, working with groups to identify needs and providing information and materials as requested. 4. The board of health shall promote and support breastfeeding. This shall include as a minimum: a. distribute, on an ongoing basis, information regarding the benefits of breastfeeding through the mass media including a combination of television, newspapers, radio, pamphlets and the Internet; b. work with health professionals to enhance their knowledge and skills about breastfeeding in order to support their counselling efforts. Activities shall include any combination of: i. patient/client educational materials, ii. outreach visits to physicians' offices, iii. use of opinion leaders for the promotion of breastfeeding, and iv. participation in skill-building workshops; c. advocate for and assist in the development of policies to support breastfeeding in the workplace, restaurants, shopping malls and other public places; d. provide telephone consultation to breastfeeding mothers; and e. ensure the provision of services to breastfeeding mothers, including: i. assistance to other health and social service organizations and community groups in the establishment of telephone lines, centres/clinics, drop-ins and peer support groups, ii. recruitment and training of peer educators to act as breastfeeding advocates and to provide in home support. This shall include initial and ongoing training and ongoing consultation, support and monitoring of activities, and a system of recognition, and iii. ongoing membership and active participation in a coalition/network of community agencies and groups to coordinate services. This shall include provision of public health expertise to the coalition/network such as relevant research data, program materials and advice on effective program strategies and approaches.

2008 OPHS – Child Health	1997 MHPSG – Child Health
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services. ***Disease Prevention*** 9. The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the *Healthy Babies Healthy Children Protocol, 2008* (or as current) (Ministry of Children and Youth Services).[22] 10. The board of health shall conduct oral screening in accordance with the *Oral Health Assessment and Surveillance Protocol, 2008* (or as current). 11. The board of health shall facilitate access and support for families to complete screening tools[23] to monitor their child's health and development, and provide a contact for families to discuss results and arrange follow-up. 12. The board of health shall provide the Children in Need of Treatment (CINOT) Program in accordance with the *Children in Need of Treatment* (CINOT) *Program Protocol, 2008* (or as current). For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken. 13. The board of health shall provide or ensure the provision of the essential clinical preventive oral health services at least annually in accordance with the *Preventive Oral Health Services Protocol, 2008* (or as current). ***Health Protection*** 14. The board of health shall review drinking water quality reports for its municipal drinking water supply(ies) where fluoride is added. These reports shall be reviewed at least monthly and, where necessary, action shall be taken in accordance with the *Protocol for the Monitoring of Community Water Fluoride Levels, 2008* (or as current).	5. The board of health shall plan and implement the Healthy Babies, Healthy Children Program in accordance with the Ministry of Health/*Ministry of Community and Social Services Implementation Guidelines for The Healthy Babies, Healthy Children Program (August, 1997).* This shall include as a minimum: a. coordinate services for at-risk and high-risk children ages 0-2 years. This shall include as a minimum: i. collaborate with the Ministry of Community and Social Services and community providers in the development of an inventory of prevention, early intervention and treatment services for children, ii. develop protocols with providers and agencies for screening and referral of children and families to appropriate services, iii. monitor and support appropriate use of protocols, iv. link families and children to appropriate community supports, and v. ensure identification of a case manager for high-risk children receiving services; b. ensure the delivery of a lay home visiting program for high-risk families prenatally and with newborns. This program shall include as a minimum: i. conduct a brief assessment of referred at-risk families, ii. conduct in-depth home assessment of referred high-risk families, iii. develop and implement a home visiting program tailored to the needs of individual families, iv. link at-risk and high-risk families to alternate and/or additional community supports; where these are inadequate or unavailable, and the family could benefit from home visiting by a nurse or other health professional, these services must be provided, v. ongoing training of lay home visitors on child development, vi. monitor the program delivered by lay home visitors, and vii. coordinate the home visiting program with other community family supports and services. c. lay home visitors will provide information and skills development regarding the following: i. developmental milestones and how to promote healthy child development, ii. factors contributing to achievement of milestones, and iii. community supports.

[22] While the Healthy Babies Healthy Children program does contain Health Promotion and Policy Development components, it has been included in the Disease Prevention section due to its focus on screening, assessment, referrals, and support services.
[23] Screening tools will include those that are part of the Healthy Babies Healthy Children program (e.g., Nipissing District Developmental Screen™) as well as other reliable, valid screening tools that may be identified, such as NutriSTEP™ and the Pediatric Dental Screening Instrument.

2008 OPHS – Child Health	1997 MHPSG – Child Health
	6. The board of health shall provide the Children In Need Of Treatment (CINOT) Program in accordance with the Ministry of Health *Children in Need of Treatment Program Protocol (August 29, 1997).* For CINOT-eligible children, the board of health shall provide referrals to oral health care providers and monitor the action taken. 7. The board of health shall provide, or ensure the provision of, monitoring of the fluoridation of the local municipal or regional water supply in accordance with the Ministry of Health *Monitoring the Fluoridation of Local Municipal or Regional Water Supply Protocol (August 29, 1997)* 8. The board of health shall identify, on an annual basis, high-risk schools and high-risk individuals in other schools. The board of health shall: a. conduct the Dental Indices Survey (DIS), annually according to the Ministry of Health *Dental Indices Survey Protocol (August 29, 1997*) at school entry, in every school, annually; and b. based on the current year's DIS results, conduct oral health screening in accordance with the Ministry of Health *Dental Indices Survey Protocol (August 29, 1997).* 9. The board of health shall: a. provide dental health education resources, on an annual basis, to all high-risk schools, schools with English as a Second Language (ESL) classes and other schools who request such materials. Dental education resources are defined as informational pamphlets and other written material, computer programs and oral health aids that are targeted to the school-aged population; and b. conduct at least one teacher in-service session per school, per year, for teachers in high-risk schools and teachers of English as Second Language (ESL) classes; when in-service is declined, an equivalent option, approved by the Ministry, must be delivered. 10. The board of health shall provide, or ensure the provision of, clinical preventive services, on an annual basis, as defined in the Ministry of Health *Dental Indices Survey Protocol (August 29, 1997).* For the purposes of this document, clinical preventive services are defined as topical fluoride application and fissure sealant(s). These shall be provided to: a. children identified through the DIS; b. children identified through screening in high-risk schools; and c. children referred to the board of health who meet the eligibility criteria listed in the Ministry of Health *Determining Eligibility for Preventive Oral Health Services Provided Through Ontario's Boards of Health Protocol (August 29, 1997).*

INFECTIOUS DISEASES

2008 OPHS – Infectious Diseases Prevention and Control	1997 MHPSG – Control of Infectious Diseases	1997 MHPSG – Infection Control
Assessment and Surveillance 1. The board of health shall report infectious disease data elements in accordance with the Health Protection and Promotion Act and the *Infectious Diseases Protocol, 2008* (or as current). 2. The board of health shall conduct surveillance of: • Infectious diseases of public health importance, their associated risk factors, and emerging trends; and • Infection prevention and control practices of inspected premises associated with risk of infectious diseases of public health importance in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 4. The board of health shall work with community partners to improve public knowledge of infectious diseases of public health importance and infection prevention and control practices in the following areas: • Epidemiology of infectious diseases of public health importance that are locally relevant; • Respiratory etiquette; • Hand hygiene; • Vaccinations and medications to prevent or treat infectious diseases of public health importance; • Infection prevention and control core competencies, incorporating both Routine Practices (including personal protective equipment) and Additional Precautions	1. The board of health shall provide: a. an on-call system that ensures 24-hour availability of appropriately trained and qualified board of health staff to respond; b. assessment of a reported incident and a first response within 24 hours; c. written outbreak response plans which include coordination with the public health laboratory; d. identification and appropriate response to outbreaks; and e. an infectious disease policy and procedure manual with current relevant information on all reportable diseases under the Health Protection and Promotion Act. 2. With respect to cases of Reportable Diseases and amendments, as outlined in Ontario Regulation 559/91 and Ontario Regulation 569/90, the board of health shall: a. receive and investigate reports, in accordance with the Health Protection and Promotion Act; b. apply provincial case definitions to reported cases as defined in the Reportable Diseases Information System manual; c. provide on-going monitoring, including computerized data collection and analysis and application of results; and d. forward reports to the Ministry of Health, including weekly transmission of data through the Reportable Diseases Information System. 3. With respect to cases of Communicable Diseases, as outlined in Ontario Regulation 558/91, the board of health shall: a. receive and investigate reports in accordance with the provisions of the *Health Protection and Promotion Act*; b. apply provincial case definitions to persons reported to be infected with an agent of a Communicable Disease as outlined in the Reportable Diseases Information System manual;	1. The board of health shall ensure appropriate input to hospital infection control programs in the health unit. This shall include as a minimum: a. representation of the medical officer of health or designate on each hospital infection control committee; b. reporting of designated communicable diseases from hospitals, including emergency rooms and outpatient clinics, to the medical officer of health as required under the provisions of the Health Protection and Promotion Act; c. consultation with the hospital infection control committee on the development and revision of infection control policies and procedures and an outbreak contingency plan; d. providing advice when requested or when needed for the appropriate management of communicable diseases and infection control; e. providing epidemiological information as needed regarding communicable diseases existing within the community and other institutions; and f. collaboration or assistance in annual in-service education for hospital staff about communicable diseases. 2. The board of health shall ensure that infection control programs are in place in all nursing homes and homes for the aged. Activities shall include as a minimum: a. representation on infection control committees; b. ensuring that all nursing homes and homes for the aged designate a registered nurse or registered medical laboratory technologist to be responsible for infection control programs in the facility, in accordance with the Long Term Care Facility Program Manual; c. ongoing consultation about a surveillance program to include the collection, analysis and appropriate

[24] Infection prevention and control practices that may be addressed could include having current evidence-informed infection prevention and control policies and conducting regular staff education sessions to communicate and enhance awareness about the content of the policies.
[25] Partners may include, but are not limited to, Regional Infection Control Networks.

2008 OPHS – Infectious Diseases Prevention and Control	1997 MHPSG – Control of Infectious Diseases	1997 MHPSG – Infection Control
(transmission-based precautions); and • Other measures, as new interventions and/or diseases arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies. 5. The board of health shall participate on committees, advisory bodies, or networks that address infection prevention and control practices[24] of, but not limited to, hospitals and LTCHs, which shall include consultation on the development and/or revision of: • Infection prevention and control policies and procedures; • Surveillance systems for infectious diseases of public health importance; and • Response plans to cases/outbreaks of infectious diseases of public health importance. 6. The board of health shall work with appropriate partners[25] to increase awareness among relevant community partners, including correctional facilities, health care and other service providers of: • The local epidemiology of infectious diseases of public health importance; • Infection prevention and control practices; and • Reporting requirements for reportable diseases, as specified in the Health Protection and Promotion Act. ***Disease Prevention*** 7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to infectious diseases of public health importance in accordance with the Health Protection and Promotion Act; the Mandatory Blood Testing Act; the *Exposure of Emergency Service Workers to Infectious Diseases Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and the *Public Health*	c. ensure public health management of persons found to be infected with an agent of a Communicable Disease in accordance with the infectious disease policy and procedure manual of the board of health; and d. ensure the identification and appropriate management of contacts of persons found to be infected with an agent of a Communicable Disease in accordance with the infectious disease policy and procedure manual of the board of health. 4. The board of health shall provide information regarding infectious diseases to health care professionals, institutions and the community. This information shall be provided a minimum of once per year, through written material and/or presentations. 5. The board of health shall ensure implementation of the Ministry of Health *Notification of Emergency Service Workers Protocol (August 23, 1994).* 6. The board of health shall provide or ensure the availability of travel health advice and immunization for travelers.	management of nosocomial infections; d. consultation on the development and revision of infection control policies; e. development, in collaboration with the institution, an outbreak contingency plan consistent with good public health practices; f. informing the institution about required reporting of designated communicable diseases and outbreaks of diseases to the medical officer of health as required under the provisions of the Health Protection and Promotion Act; g. annual promotion of influenza vaccination to staff; and h. ensuring the provision of annual in-service education for staff on infectious diseases. 3. The board of health shall ensure an annual inspection of: a. boarding houses and lodging houses with five or more residents; b. migrant farm workers' housing; c. residential facilities for the aged; d. homes for retarded persons; and e. homes for special care, to ensure the existence of safe drinking water, safe food and sanitary facilities. Additional inspections shall be conducted when the requirements in Ontario Regulation 562 are not met. 4. The board of health shall ensure that infection control programs are in place in day nurseries. Activities shall include as a minimum: a. consultation on the development of infection control policies and procedures such as hand washing, daily observation of children, immunization, health evaluation of children and staff and communication with parents; b. inspection of premises at least twice a year to include diaper routines and general housekeeping practices and to ensure existence of safe drinking water, safe food and sanitary facilities;

2008 OPHS – Infectious Diseases Prevention and Control	1997 MHPSG – Control of Infectious Diseases	1997 MHPSG – Infection Control
Emergency Preparedness Protocol, 2008 (or as current). 8. The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and provincial and national protocols on best practices. 9. The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current). 10. The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies exist, particularly personal services settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current). 11. The board of health shall respond to local, provincial/territorial, federal and international changes in disease epidemiology by adapting programs and services. 12. The board of health shall supplement provincial efforts in managing risk communications to the appropriate stakeholders on identified risks associated with infectious diseases of public health importance based on local epidemiology and epidemiological information. 13. The board of health shall communicate in a timely and comprehensive manner with all relevant health care providers		c. ensuring the creation of a written policy on the management of infectious communicable diseases, exclusion of sick children and the reporting of designated diseases to the medical officer of health as required under the provisions of the Health Protection and Promotion Act; and d. provision of annual in-service education in basic infection control for all staff providing direct care, consistent with generally-accepted infection control standards. 5. The board of health shall ensure that infection prevention practices as defined in the Ministry of Health *Infection Control in Personal Services Settings Protocol (January, 1998)* are in place in settings where there is a risk of exposure to blood, such as, but not limited to, hairdresser and barber shops, tattoo and body piercing studios, electrolysis and aesthetic clinics.

2008 OPHS – Infectious Diseases Prevention and Control	1997 MHPSG – Control of Infectious Diseases	1997 MHPSG – Infection Control
and other partners about urgent and emerging infectious disease issues. ***Health Protection*** 14. The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Infection Prevention and Control in Licensed Day Nurseries Protocol, 2008* (or as current); the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current).		

2008 OPHS – Rabies Prevention and Control	1997 MHPSG – Rabies Control
Assessment and Surveillance 1. The board of health shall liaise with the Canadian Food Inspection Agency to identify local cases of rabies in animal species. 2. The board of health shall report rabies data elements in accordance with the Health Protection and Promotion Act and the *Rabies Prevention and Control Protocol, 2008* (or as current). 3. The board of health shall conduct surveillance of rabies in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Rabies Prevention and Control Protocol, 2008* (or as current). 4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 5. The board of health shall work with community partners to improve public knowledge of rabies and its prevention in the community by supplementing national/provincial education/communications strategies and/or developing and implementing regional/local communications strategies[31] based on local epidemiology. ***Disease Prevention/Health Protection*** 6. The board of health shall annually remind those individuals specified in the Health Protection and Promotion Act of their duty to report suspected rabies exposure. 7. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to suspected rabies exposures in accordance with the Health Protection and Promotion Act; the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Rabies Prevention and Control Protocol, 2008* (or as current). 8. The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan, as outlined in the *Rabies Prevention and Control Protocol, 2008* (or as current).	1. The board of health shall provide rabies information on an ongoing basis, and promote the vaccination of cats and dogs against rabies to the community. These shall be done by: a. displaying readily available printed educational material to visitors to board of health offices; b. providing sufficient information for client display or distribution to operators of veterinary practices and humane society offices; and c. providing the information through the media. 2. The board of health shall provide rabies information annually to each elementary school. Board of health staff will assist in the presentation if requested. 3. The board of health shall have a written protocol for the investigation of exposures in accordance with Ontario Regulation 557 (Communicable Diseases - General) under the Health Protection and Promotion Act within 24 hours of notification where there is a potential for rabies transmission. 4. The board of health shall ensure that animals which are confined in accordance with Ontario Regulation 557 (Communicable Diseases - General) under the Health Protection and Promotion Act are visually inspected by qualified board of health staff or a veterinarian after notification and at the end of the isolation period. Further, that the person having care or custody of the animal is provided rabies information and advised regarding how to contact a board of health rabies investigator should the isolated animal become ill during the isolation period. 5. The board of health shall ensure access to post-exposure anti-rabies treatment in the event of human exposure to rabies. 6. The board of health shall keep themselves informed about local rabies prevalence in animal species. 7. The board of health shall develop and maintain a Raccoon Rabies Contingency Plan and provide a copy to the Minister of Health when requested. 8. The board of health of a health unit named in Ontario Regulation 567 (Rabies - Immunization) under the Health Protection and Promotion Act, shall: a. provide rabies information to the public promoting compulsory rabies vaccination of cats and dogs; and b. report to the Minister on its promotion activities annually.

[31] This requirement does not explicitly address the promotion of rabies vaccination for cats and dogs, because there have been few such cases in recent years. However, this requirement does not preclude the possibility of such activities in the future.

2008 OPHS – Sexual Health, Sexually Transmitted Infections, and Blood-Borne Infections (Including HIV)	1997 MHPSG – Sexually Transmitted Diseases (STDs) including HIV/AIDS	1997 MHPSG - Sexual Health
Assessment and Surveillance 1. The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current). 2. The board of health shall conduct surveillance of: • Sexually transmitted infections; • Blood-borne infections; • Reproductive outcomes; • Risk behaviours; and • Distribution of harm reduction materials/equipment in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current). 3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 4. The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections by: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies.	1. The board of health shall provide clinical services, at a minimum of four hours per week per 150,000 or less population, and such additional services as are required to meet local needs. These clinical services shall include as a minimum: a. provision of diagnosis, treatment and management of STDs including HIV testing; b. provision of hepatitis B vaccine at no cost according to Ministry eligibility criteria; and c. provision of individual counselling and referral to other agencies as necessary. 2. The board of health shall provide or ensure the provision of appropriate case management. This shall be accomplished, at a minimum, through: a. distribution of procedures and protocols for the management and treatment of cases that are consistent with the Ministry of Health *STD Control Protocol (December, 1997)*; b. ensuring that STD patients are managed and treated according to the Ministry of Health *STD Control Protocol (December, 1997)*; c. identification of contacts and partner notification and referral according to the Ministry of Health *STD Control Protocol (December, 1997)*; d. provision of provincially approved drugs as required at no cost to the client, according to the Ministry of Health *STD Control Protocol (December, 1997)*; and e. provision of condoms. 3. The board of health shall ensure the provision of a liaison and referral system for individuals with HIV infections, their families and support network to access medical care and/or social agencies.	1. The board of health shall work with community partners to ensure the provision of programs to the public that promote appropriate individual reproductive and sexual health choices. Content of programs shall include: knowledge, attitudes and the development of behaviours appropriate to the individual's reproductive age and maturity. Programs shall include, as a minimum, the following topics: • sexual behaviour, personal responsibility and decision-making; • relationships and assertiveness, including techniques for negotiating safer sex; • methods of contraception, including abstinence; • prevention of sexually transmitted diseases; • sexual orientation; • sexuality and aging; and • sexual assault and abuse. These programs shall include as a minimum: a. three hours of sexual health education annually to all students in grades 7-9 by the person or organization that operates the school. The board of health shall assist in school curriculum development and implementation. In schools where this education is not provided, the board of health will report this to the Ministry of Health, and a program of equivalent activities targeted to school-aged children shall be delivered through other community settings; b. provision of information for parents on an ongoing basis that will assist them in their role as the primary sexuality educators of their children; c. health promotion strategies, including an annual workshop for individuals such as educators, health professionals and community workers involved in education and counselling; and d. activities that promote awareness about sexuality to the targeted population, including those with special needs.

2008 OPHS – Sexual Health, Sexually Transmitted Infections, and Blood-Borne Infections (Including HIV)	1997 MHPSG – Sexually Transmitted Diseases (STDs) including HIV/AIDS	1997 MHPSG - Sexual Health
5. The board of health shall use a comprehensive health promotion approach to increase the community capacity regarding the promotion of healthy sexuality, including the prevention of adolescent pregnancies, sexually transmitted infections, and blood-borne infections, by: a. Collaborating with and engaging community partners and priority populations; b. Mobilizing and promoting access to community resources; c. Providing skill-building opportunities; and d. Sharing best practices and evidence. 6. The board of health shall collaborate with community partners, including school boards, to create supportive environments to promote healthy sexuality and access to sexual health services. ***Disease Prevention/Health Protection*** 7. The board of health shall provide clinical services for priority populations to address contraception, comprehensive pregnancy counselling, sexually transmitted infections, and blood-borne infections. For further information, refer to the *Sexual Health Clinic Services Manual, 2002* (or as current). 8. The board of health shall ensure that the medical officer of health or designate receives reports of sexually transmitted infections and blood-borne infections and responds in accordance with the Health Protection and Promotion Act and the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current). 9. The board of health shall provide or ensure access to provincially funded drugs for the treatment of sexually transmitted infections, at no cost to clients, in accordance with the *Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008* (or as current).	4. The board of health, in conjunction with community partners, shall ensure the provision of health promotion activities, including the provision of condoms, aimed at preventing STDs, including HIV/AIDS. The activities shall, as a priority, be targeted at the following groups: a. school-aged children in grades 7-9 as a minimum. The board of health shall assist the person or organization that operates the school to ensure the provision of three hours annually of education about AIDS and about other STDs to students. In schools where this education is not provided, the board of health will report this to the Ministry of Health and an equivalent strategy targeted to school-aged children shall be delivered through other community settings; b. those in post-secondary education, workplace settings and parent groups; c. people engaging in high-risk behaviours; and d. health care workers, in order that they be effective in case finding and management. 5. The board of health shall ensure that injection drug users can have access to sterile injection equipment by the provision of needle and syringe exchange programs as a harm reduction strategy to prevent transmission of HIV, hepatitis B, hepatitis C and other blood-borne infections and associated diseases in areas where drug use is recognized as a problem in the community. The strategy shall also include counselling and education and referral to primary health services and addiction/treatment services. The board of health shall produce an annual report of program activities and forward a copy to the Minister of Health. 6. The board of health shall provide consultation and assist in the development of policies related to sexual health, STDs and HIV/AIDS, when requested by local agencies.	2. The board of health shall provide clinical services, at a minimum of four hours per week per 150,000 or less population, and such additional services as are required to meet local needs. Activities associated with these clinical services shall include as a minimum: a. client's health assessment; b. contraception counselling, provision of prescription and other contraceptives at cost and/or free for clients in financial need; c. preventive counselling and screening for cancers of the cervix and additional physical and laboratory examinations as appropriate; d. pregnancy tests and comprehensive pregnancy counselling; e. post-abortion counselling; f. education and counselling on reproductive and sexual health choices, with appropriate client referral to: smoking cessation programs, nutrition counselling, assertiveness training groups, alcohol and drug abuse programs and other health and social service agencies and groups; g. provision of hepatitis B vaccine at no cost, according to Ministry of Health eligibility criteria; and h. development of a management plan appropriate to client needs, including discharge planning and referral where necessary to health care and/or social agencies. 3. The board of health shall work with coalitions/networks of community groups and health and social services partners to coordinate and address gaps in sexual health programs in the community.

2008 OPHS – Sexual Health, Sexually Transmitted Infections, and Blood-Borne Infections (Including HIV)	1997 MHPSG – Sexually Transmitted Diseases (STDs) including HIV/AIDS	1997 MHPSG - Sexual Health
10. The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually transmitted infections and blood-borne infections. 11. The board of health shall engage community partners and priority populations in the planning, development, and implementation of harm reduction programming. 12. The board of health shall ensure access to a variety of harm reduction program delivery models which shall include the provision of sterile needles and syringes and may include other evidence-informed harm reduction strategies[32] in response to local surveillance.		

[32] Harm reduction strategies include clean and sterile drug-using equipment (sterile water, alcohol swabs, steri-cups, tourniquets, ascorbic acid, and filters, which are currently funded through the Ontario Harm Reduction Distribution Program); condoms; client-centered counselling; skill-building and education; and referral to addictions treatment, health services and other social services.

2008 OPHS – Tuberculosis Prevention and Control	1997 MHPSG – Tuberculosis (TB) Control
Assessment and Surveillance 1. The board of health shall report TB data elements in accordance with the Health Protection and Promotion Act and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current). 2. The board of health shall conduct surveillance of active tuberculosis as well as individuals with LTBI in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current). 3. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations,[33] in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 4. The board of health shall engage in health promotion and policy development activities with community partners, policy-makers, and health care providers that have clients/contacts from priority populations based on local epidemiology ***Disease Prevention/Health Protection*** 5. The board of health shall facilitate timely identification of active cases of TB and referrals of persons with inactive TB through immigration medical surveillance[34] in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current). 6. The board of health shall provide management of cases to minimize the public health risk in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current). 7. The board of health shall provide or ensure access to TB medication at no cost to clients or providers. 8. The board of health shall provide or ensure the provision of the identification, assessment, and public health management of contacts of active cases in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).	1. The board of health shall have in place an effective program for TB control for persons with active tuberculosis which shall include case finding, case holding, treatment, and follow-up, and be consistent with the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*. Such programs will, at a minimum: a. ensure that all cases/suspected cases are fully investigated according to the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*; b. ensure the provision of provincially-approved anti-tuberculosis drugs as required, at no cost to the client; c. review drug regimens and sensitivity results for each case to ensure their appropriateness and adequacy; d. monitor patient adherence with prescribed drug regimens, including the completion and outcome of therapy, according to the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*; e. ensure that all persons with active tuberculosis complete the prescribed course of chemotherapy through the provision of Directly Observed Therapy (DOT) or another appropriate intervention according to the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*; f. notify the Ministry of Health immediately in the event of non-completion of the above therapy; g. provide, or ensure the provision of, annual updates to physicians and other health professionals in the form of written materials and/or presentations on signs and symptoms, risk factors and reporting requirements to achieve the early identification and early reporting of active cases; and h. provide to the community on an ongoing basis, in collaboration with community organizations and local agencies and institutions, written materials and educational sessions on the signs and symptoms, epidemiology, risk factors and the benefit of treatment to promote the early identification and treatment of persons with active tuberculosis.

[33] For the purpose of this standard, priority populations may include but are not limited to those incarcerated in correctional facilities, Aboriginal peoples and First Nation communities, refugees, recent arrivals to Canada, homeless persons, and those who work closely with these groups.

[34] Referrals through Citizenship and Immigration Canada include individuals referred to boards of health, post-landing, for medical follow-up to rule out active TB and to determine the need for treatment of LTBI.

2008 OPHS – Tuberculosis Prevention and Control	1997 MHPSG – Tuberculosis (TB) Control
9. The board of health shall provide or ensure the provision of the identification and effective public health management of individuals with LTBI in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current), with a particular focus on people at highest risk of progression to active TB.[35] 10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.	2. The board of health shall have in place an effective program for TB prevention, consistent with the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*. Such a program will, at a minimum: *a.* trace and investigate contacts of cases according to the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*; b. trace and monitor individuals placed on medical surveillance for inactive tuberculosis according to the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*; c. promote through education and selective group screening programs, the screening of all persons in high-risk groups and assessment of those testing positive to rule out active tuberculosis; d. recommend the prescribing of anti-tuberculosis chemoprophylaxis to those testing positive, unless medically contraindicated; e. ensure the provision of provincially-approved anti-tuberculosis chemoprophylaxis drugs at no cost to the client; f. review the required drug regimens for each person on chemoprophylaxis to ensure their adequacy and appropriateness; g. monitor patient adherence to prescribed drug regimens and completion of therapy according to the Ministry of Health *Tuberculosis Control Protocol (January, 1998)*; h. monitor the completion rate of the prescribed course of chemoprophylaxis for the purpose of achieving the above-stated objectives; i. provide, or ensure the provision of, annual updates in the form of presentations and/or written materials to health professionals on risk factors for tuberculosis infection, administration and interpretation of skin tests, indications for and benefits of chemoprophylaxis and reporting of positive skin test results; and j. provide to the community on an ongoing basis, in collaboration with community organizations and local agencies and institutions, written materials and educational sessions regarding risk factors for tuberculosis infection and benefits of chemoprophylaxis.

[35] People at highest risk of progression to active TB may include recent contacts, the immunocompromised, and recent arrivals to Canada.

2008 OPHS – Vaccine Preventable Diseases	1997 MHPSG – Vaccine Preventable Diseases
Assessment and Surveillance 1. The board of health shall assess, maintain records and report, where applicable, on: • The immunization status of children enrolled in licensed child care programs as defined in the Day Nurseries Act; • The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and • Immunizations administered at board of health-based clinics as required in accordance with the *Immunization Management Protocol, 2008* (or as current) and the *Infectious Diseases Protocol*, *2008* (or as current). 2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Infectious Diseases Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 3. The board of health shall work with community partners to improve public knowledge and confidence in immunization programs by: a. Supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies. Topics to be addressed shall include: • The importance of immunization; • Diseases that vaccines prevent; • Recommended immunization schedules for children and adults and the importance of adhering to the schedules; • Introduction of new provincially funded vaccines; • Promotion of childhood and adult immunization, including high-risk programs; • The importance of maintaining a personal immunization record for all family members; • The importance of reporting adverse events following immunization; • Reporting immunization information to the board of health as required; • Vaccine safety; and • Legislation related to immunizations.	1. The board of health shall ensure that any eligible person residing in the health unit has access to immunization for the administration of provincially-funded vaccine. If immunization services are not otherwise available, the board of health shall provide immunization clinics. 2. The board of health, annually, shall assess and maintain records of the immunization status of children in all licensed child care programs as defined in the Day Nurseries Act and ensure that all those enrolled are immunized against: diphtheria, pertussis, tetanus, polio, measles, mumps, rubella and *Haemophilus influenzae* type b, unless exempted by the medical officer of health. The board of health shall report on the immunization status of such children weekly and annually to the Ministry of Health. 3. The board of health, annually, shall assess and maintain records of the immunization status of children attending all schools in accordance with the Immunization of School Pupils Act. The board of health shall report on the immunization status of such children weekly and annually to the Ministry of Health. 4. The board of health shall promote the use of and provide or ensure the provision of hepatitis B vaccine to eligible school-aged children and to high-risk groups as identified by the Ministry of Health. 5. The board of health shall promote immunization for children and adults through: a. education (such as individual counselling, presentations and/or written materials) targeted at the community and individuals, health care providers, settings for high-risk individuals, educational facilities and institutions; and b. policy and procedure development in institutions and to health care providers. 6. The board of health shall promote by at least one campaign, annually (in the form of individual counselling, presentations and written materials) pneumococcal and influenza vaccination to high-risk persons and seniors in senior citizens' buildings, retirement and rest homes, specialty health care clinics and other appropriate settings in the community, and to all eligible residents and staff in all nursing homes, homes for the aged and chronic care hospitals or units.

2008 OPHS – Vaccine Preventable Diseases	1997 MHPSG - Vaccine Preventable Diseases
4. The board of health shall promote the reporting of adverse events following immunization by health care providers to the local board of health in accordance with the Health Protection and Promotion Act. 5. The board of health shall provide a comprehensive information and education strategy to promote optimal vaccine management, including storage and handling practices, among health care providers in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current). This shall include: • One-on-one training at the time of cold chain inspection; • Distributing information to new health care providers who handle vaccines; and • Providing ongoing support to existing health care providers who handle vaccines. 6. The board of health shall provide consultation to community partners to develop immunization policies (e.g., workplace policies) based on local need and as requested. ***Disease Prevention*** 7. The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including: • Board of health-based clinics; • School-based clinics (including, but not limited to, hepatitis B and meningococcal immunization); • Community-based clinics; and • Outreach clinics to priority populations. 8. The board of health shall, as part of the Public Health Emergency Preparedness Program Standard, have a contingency plan to deploy board of health staff capable of providing vaccine preventable disease outbreak management and control such as mass immunization in the event of a community outbreak. 9. The board of health shall provide or ensure the availability of travel health clinics.	7. The board of health shall ensure the availability of influenza and pneumococcal vaccine in all nursing homes, homes for the aged and chronic care hospitals or units for vaccination of all eligible residents and staff. 8. The board of health shall ensure that provincially-funded vaccines are available to physicians practicing within the health unit. The board of health shall optimize vaccine use by: a. education (such as individual counselling in cases of suspected vaccine mishandling, presentations and /or written materials) of health care providers in procedures for proper vaccine usage, storage and handling in accordance with the Ministry of Health *Vaccine Storage and Handling Protocol (January 1, 1998)*; b. ensuring cold chain maintenance in premises where vaccine is stored by inspecting at least once annually, all such premises for adherence to the minimum requirements according to the Ministry of Health *Vaccine Storage and Handling Protocol (January 1, 1998)* and shall report annually the results of such inspections; c. investigating all cases of suspected vaccine wastage due to mishandling in accordance with the Ministry of Health *Vaccine Storage and Handling Protocol (January 1, 1998)*. A report of these inspections shall be submitted to the Ministry of Health annually, and all instances of vaccine wastage occurring in health facilities located in the health unit shall be reported to the Ministry of Health within 48 hours; and d. meeting data requirements for the Ministry of Health *Bioinventory System Protocol (January 1, 1998)*. 9. The board of health shall investigate all reported cases of adverse vaccine events to gather the epidemiologic information required for appropriate management and for case reporting to the Ministry of Health in accordance with the Reportable Diseases Information System. 10. The board of health shall enter routine immunization records into the Immunization Record Information System and shall analyze local vaccine coverage rates and report to the Ministry of Health at least annually to identify emerging trends and high-risk populations.

2008 OPHS – Vaccine Preventable Diseases	1997 MHPSG - Vaccine Preventable Diseases
Health Protection 10. The board of health shall ensure the storage and distribution of provincially funded vaccines including to health care providers practicing within the health unit in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current). 11. The board of health shall promote vaccine inventory management in all premises where provincially funded vaccines are stored in accordance with the *Vaccine Storage and Handling Protocol, 2008* (or as current). 12. The board of health shall monitor, investigate, and document all suspected cases of adverse events following immunization that meet the provincial reporting criteria[36] and promptly report all cases. 13. The board of health shall comply with the *Immunization Management Protocol, 2008* (or as current), that specifies the process for the assessment of the immunization status of children in licensed day nurseries as defined in the Day Nurseries Act and the enforcement of the Immunization of School Pupils Act.	

[36] The provincial reporting criteria are under development at the Federal/Provincial/Territorial level.

ENVIRONMENTAL HEALTH

2008 OPHS – Food Safety	1997 MHPSG – Food Safety
Assessment and Surveillance 1. The board of health shall conduct surveillance of: • Suspected and confirmed food-borne illnesses; and • Food premises in accordance with the *Food Safety Protocol, 2008* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 3. The board of health shall report Food Safety Program data elements in accordance with the *Food Safety Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 4. The board of health shall ensure food handlers in food premises have access to training in safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current). 5. The board of health shall increase public awareness of food-borne illnesses and safe food-handling practices and principles in accordance with the *Food Safety Protocol, 2008* (or as current) by: a. Adapting and/or supplementing national and provincial food safety communications strategies; and/or b. Developing and implementing regional/local communications strategies. ***Disease Prevention/Health Protection*** 6. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Suspected and confirmed food-borne illnesses or outbreaks; • Unsafe food handling practices, food recalls, adulteration, and consumer complaints; and • Food-related issues arising from floods, fires, power outages, or other situations that may affect food safety in accordance with the Health Protection and Promotion Act; the *Food Safety Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current). 7. The board of health shall inspect food premises and provide all the components of the Food Safety Program within food premises as defined by the Health Protection and Promotion Act and in accordance with the Food Premises Regulation (O. Reg. 562); the *Food Safety Protocol, 2008* (or as current); and all other applicable Acts.	1. The board of health shall provide food safety information annually: a. to the community, by displaying readily available printed educational material to visitors to board of health offices and by providing the information through the media; b. to all non-profit community groups such as school nourishment programs, food banks, and community meal programs; and c. to teachers responsible for teaching food-related subjects to students in grades 7 and 8 and/or other teachers as deemed appropriate. Board of health staff will assist if requested. 2. The board of health shall assess all food premises annually and shall determine their risk status (high, medium or low) according to the Ministry of Health *Hazard Analysis Critical Control Point Protocol (January 1, 1998);* 3. The board of health shall provide public health inspection of all food premises, to ensure compliance with Ontario Regulation 562 under the Health Protection and Promotion Act, according to the following schedule: a. not less than once every four months for high-risk food premises and in accordance with the Ministry of Health *Hazard Analysis Critical Control Point Protocol (January 1, 1998);* b. not less than once every six months for medium-risk food premises; c. not less than once every 12 months for low-risk food premises; and d. additional inspections as necessary to ensure: i. correction of non-compliance with the Regulation, ii. investigation of food-borne illnesses and food-borne outbreaks, iii. investigation of consumer complaints, and iv. action on a food recall. 4. The board of health shall ensure that food handler training courses are provided in accordance with the Ministry of Health *Food Handler Training Protocol (January 1, 1998)* to food handlers in high and medium risk food premises. 5. The board of health shall undertake food recalls in accordance with the Ministry of Health *Food Recall Protocol (January 1, 1998).* 6. In accordance with the provisions of the Health Protection and Promotion Act, the board of health shall provide to the Minister of Health semi-annual and annual food safety data. The January 1 to June 30 semi-annual food safety report shall be sent to the Minister of Health prior to July 31 of that reporting year. The January 1 to December 31 annual food safety report shall be sent to the Minister prior to January 31 of the year following the annual report period. 7. The board of health shall have a written protocol for responding to food-related complaints, based on a risk-assessment approach, and shall take appropriate action within 24 hours of notification of the food-related complaint.

2008 OPHS – Safe Water	1997 MHPSG – Safe Water
Assessment and Surveillance 1. The board of health shall report Safe Water Program data elements in accordance with the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current). 2. The board of health shall conduct surveillance of drinking-water systems and of drinking water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 3. The board of health shall conduct surveillance of public beaches and public beach water illnesses of public health importance, their associated risk factors, and emerging trends in accordance with the *Beach Management Protocol, 2008* (or as current). 4. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). 5. The board of health shall conduct surveillance of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 6. The board of health shall provide information to private citizens who operate their own wells, cisterns, rain or lake water system to promote their awareness of how to safely manage their own drinking-water systems. 7. The board of health shall provide education and training for owners/operators of drinking-water systems in accordance with the *Drinking Water Protocol, 2008* (or as current). 8. The board of health shall increase public awareness of water-borne illnesses and safe drinking water use by: a. Adapting and/or supplementing national and provincial safe drinking water communications strategies; and/or b. Developing and implementing regional/local communications strategies.	1. For all drinking water systems that fall under the jurisdiction of the Ontario Water Resources Act, the board of health shall: a. maintain an ongoing list of all drinking water systems; b. receive all reports of adverse drinking water test results from the drinking water systems listed in 1a. above; c. have a written protocol for dealing with adverse drinking water test results from the drinking water systems listed in 1a. above; and d. act immediately in accordance with the *Ontario Drinking Water Objectives (revised 1994)* to protect the health of the public whenever an adverse drinking water test result is received. 2. With respect to owner/occupier inquiries of private water systems, the board of health shall: a. interpret water analysis reports; b. provide information regarding the potential health effects; and c. provide information about the health-related parameters as published in the *Ontario Drinking Water Objectives (revised 1994).* 3. The board of health shall inspect bathing beaches, including the taking of water quality samples for testing at a minimum of one sample per week from each sample site and a minimum of five sample sites per beach. The inspections shall begin prior to and continue over the entire bathing season, in accordance with the requirements of the Ministry of Health *Beach Management Protocol (January 1, 1998).*

2008 OPHS – Safe Water	1997 MHPSG – Safe Water
9. The board of health shall provide education and training for owner/operators of recreational water facilities in accordance with the *Recreational Water Protocol, 2008* (or as current). ***Disease Prevention/Health Protection*** 10. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to receive reports of and respond to: • Adverse events related to safe water, such as reports of adverse drinking water on drinking-water systems governed under the Health Protection and Promotion Act or the Safe Drinking Water Act; • Reports of water-borne illnesses or outbreaks; • Safe water issues arising from floods, fires, power outages, or other situations that may affect water safety; and • Safe water issues relating to recreational water use including public beaches in accordance with the Health Protection and Promotion Act; the *Beach Management Protocol, 2008* (or as current); the *Drinking Water Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the *Recreational Water Protocol, 2008* (or as current). 11. The board of health shall provide all the components of the Safe Water Program in accordance with all applicable statutes and regulations, and the *Drinking Water Protocol, 2008* (or as current) to protect the public from exposure to unsafe drinking water. 12. The board of health shall inform the public about unsafe drinking water conditions and provide the necessary information to respond appropriately in accordance with the *Drinking Water Protocol, 2008* (or as current). 13. The board of health shall reduce risks of public beach use by implementing a beach management program in accordance with the *Beach Management Protocol, 2008* (or as current). 14. The board of health shall reduce the risks of recreational water facility use by implementing a management program in accordance with the *Recreational Water Protocol, 2008* (or as current).	

2008 OPHS – Health Hazard Prevention and Management	1997 MHPSG – Health Hazard Investigation
Assessment and Surveillance 1. The board of health shall conduct surveillance of the environmental health status of the community in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Infectious Diseases Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol 2008* (or as current); and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current). 2. The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current). ***Health Promotion and Policy Development*** 3. The board of health shall increase public awareness of health risk factors associated with the following health hazards: • Indoor air quality; • Outdoor air quality; • Extreme weather; • Climate change; • Exposure to radiation; and • Other measures, as emerging health issues arise. These efforts shall include: a. Adapting and/or supplementing national and provincial health communications strategies; and/or b. Developing and implementing regional/local communications strategies. 4. The board of health shall assist community partners to develop healthy policies related to reducing exposure to health hazards. Topics may include, but are not limited to: • Indoor air quality; • Outdoor air quality; • Extreme weather; and • Built environments.	1. The board of health shall provide an initial response or investigation when occurrence of a disease or mortality appears to be significantly higher than expected. 2. In accordance with the Health Protection and Promotion Act, the board of health shall identify, investigate, and manage health hazards. 3. The board of health shall monitor health hazard management strategies annually or more frequently as required to ensure effectiveness. 4. The board of health shall consult with and provide advice to the community about health hazards when such hazards are identified. 5. The board of health shall provide educational materials to raise public awareness of health hazards. 6. The board of health shall ensure timely response to reports of health hazards through the provision of: a. an on-call system that ensures 24-hour availability of board of health staff to respond; b. same-day assessment and initiation of action within 24 hours if a health hazard is identified; and c. a written response plan which is updated annually or more frequently as required. 7. The board of health shall report on health hazards in the community as outlined in Program Planning and Evaluation, requirements 2(f) and 3.

2008 OPHS – Health Hazard Prevention and Management	1997 MHPSG – Health Hazard Investigation
Disease Prevention/Health Protection 5. The board of health shall ensure that the medical officer of health or designate is available on a 24/7 basis to respond to and manage health hazards in accordance with the Health Protection and Promotion Act; the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Public Health Emergency Preparedness Protocol, 2008* (or as current); and the Risk *Assessment and Inspection of Facilities Protocol, 2008* (or as current). 6. The board of health shall inspect and assess facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current). 7. The board of health shall implement control measures to prevent or reduce exposure to health hazards in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current) and the *Risk Assessment and Inspection of Facilities Protocol, 2008* (or as current). 8. The board of health shall develop a local vector-borne management strategy based on surveillance data and emerging trends in accordance with the *Infectious Diseases Protocol, 2008* (or as current). 9. The board of health shall maintain systems to support timely and comprehensive communication with all relevant health care and other community partners about identified health hazard risks.	

EMERGENCY PREPAREDNESS

2008 OPHS – Public Health Emergency Preparedness
Assessment and Surveillance 1. The board of health shall identify and assess the relevant hazards and risks to the public's health in accordance with the *Identification, Investigation and Management of Health Hazards Protocol, 2008* (or as current); the *Population Health Assessment and Surveillance Protocol, 2008* (or as current); and the *Public Health Emergency Preparedness Protocol, 2008* (or as current). ***Health Protection*** *Emergency Planning* 2. The board of health shall develop a continuity of operations plan to sustain the ongoing functioning of time-critical board of health services during business disruptions in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current). 3. The board of health shall develop its emergency response plan, in consultation with community partners and governmental bodies, to address the identified hazards for which the board of health and medical officer of health will have a lead role in responding to, consistent with an Incident Management System and in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current). *Risk Communications And Public Awareness* 4. The board of health shall develop, implement, and document 24/7 notification protocols for communications with board of health staff, community partners, and governmental bodies to facilitate the sharing of information in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current). 5. The board of health shall, in collaboration with community partners, increase public awareness regarding emergency preparedness activities *Education, Training, And Exercises* 6. The board of health shall ensure the provision of emergency preparedness and response education and training for board of health staff in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current). 7. The board of health shall ensure that its officials are oriented on the board of health's emergency response plan in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current). 8. The board of health shall exercise, in whole or in part, the continuity of operations plan, emergency response plan, and 24/7 notification procedures in accordance with the *Public Health Emergency Preparedness Protocol, 2008* (or as current).