

Foundational Standard

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).
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).
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).
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, which may include those conducted by the board of health alone or in partnership or collaboration with other organizations.
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.

Chronic Disease Prevention

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;
 - 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).
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
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.

Ontario Public Health Standards: Requirements

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.
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.
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
13. The board of health shall implement and enforce the Smoke-Free Ontario Act in accordance with provincial protocols, including but not limited to the Tobacco Compliance Protocol, 2008 (or as current).

Prevention of Injury and Substance Misuse

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:
 - Alcohol and other substances;
 - Falls across the lifespan;
 - Road and off-road safety; and
 - Other areas of public health importance for the prevention of injuries.

Ontario Public Health Standards: Requirements

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;
 - c. Providing skill-building opportunities; and
 - d. Sharing best practices and evidence for the prevention of injury and substance misuse.
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.
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 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).

Reproductive Health

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.
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.

Ontario Public Health Standards: Requirements

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.
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.
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).

Child Health

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).
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:
 - 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.

Ontario Public Health Standards: Requirements

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.
8. The board of health shall provide, in collaboration with community partners, outreach to priority populations to link them to information, programs, and services.
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).
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 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).
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).

Infectious Diseases Prevention and Control

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).

Ontario Public Health Standards: Requirements

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 importancein 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).
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 (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 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 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.
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 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).

Ontario Public Health Standards: Requirements

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 and other partners about urgent and emerging infectious disease issues.
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).

Rabies Prevention and Control

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).
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 based on local epidemiology.
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).

Tuberculosis Prevention and Control

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, in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current).

Ontario Public Health Standards: Requirements

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.
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 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).
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.
10. The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.

Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)

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).
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.
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.

Ontario Public Health Standards: Requirements

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).
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 in response to local surveillance.

Vaccine Preventable Diseases

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).
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.
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.

Ontario Public Health Standards: Requirements

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.
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.
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 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.

Food Safety

1. The board of health shall conduct surveillance of:
 - Suspected and confirmed food-borne illnesses; and
 - Food premisesin 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).
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.

Ontario Public Health Standards: Requirements

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.

Safe Water

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).
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.
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).

Ontario Public Health Standards: Requirements

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).

Health Hazard Prevention and Management

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).
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.

Ontario Public Health Standards: Requirements

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.

Public Health Emergency Preparedness

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).
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).
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.
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).