

Introduction to the Ontario Public Health Standards and Protocols

**Infectious Diseases/Public Health Emergency
Preparedness Workshop
November 24-25, 2008**

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Overview of Presentation

- 1. Context and History: Development of the Ontario Public Health Standards (OPHS)**
- 2. Overview of the OPHS and Protocols**
- 3. Roll-Out Activities and Supports**
- 4. Future updating of the OPHS and Protocols – the “Evergreen Process”**
- 5. Update on public health performance management**
- 6. Going Forward**

Context and History: Development of the OPHS and Protocols

Development of the OPHS and Protocols – History

- The government has made major commitments to continue to renew and re-invest in public health
- Operation Health Protection was released in June 2004:
 - It was based on recommendations of the Final Report of the Expert Panel on SARS and Infectious Disease Control and the First Interim Report of Justice Campbell
 - It was a 3-year Action Plan to revitalize the public health system in Ontario
- Operation Health Protection included six key strategic priorities:
 1. The creation of a Health Protection and Promotion Agency
 2. Public Health Renewal - including the review of the Mandatory Health Programs and Services Guidelines (MHPSG), 1997, and Capacity Review
 3. Health Emergency Management
 4. Infection Control and Communicable Disease Capacity
 5. Health Human Resources
 6. Infrastructure for Health System Preparedness

Development of the OPHS and Protocols – History (cont'd)

- In Operation Health Protection MOHLTC committed to initiate a review of the MHPSG as part of the overall strategy to renew public health in Ontario
- In its final report (May, 2006), the Capacity Review Committee also proposed that the existing MHPSG should be replaced with new program standards as part of a new vision for public health in Ontario
- The Program Standards Technical Review Committee (TRC), as well as the OPHS Writing Teams and the Protocol Development Teams provided strategic and technical advice to guide the OPHS and Protocols to completion
- The Ontario Public Health Standards were developed over a two-year period in close and ongoing consultation with the public health sector
- The development, completion and release of the OPHS represents the first comprehensive, consultative review and re-development of guidelines for mandatory public health programs and services in Ontario in 11 years

Development of the OPHS and Protocols – Process

- The Program Standards Technical Review Committee (TRC) oversaw and guided the review of the MHPSG and the development of the OPHS
- There was a high level of engagement and input from the sector in the development of the OPHS and Protocols
 - As well as participating in Writing Teams and Protocol Development Teams, health unit staff and other public health stakeholders demonstrated a consistent level of investment and engagement in the process
- Input received through 3 large-scale consultation activities addressed technical programmatic issues as well as current evidence in public health program and service planning and delivery

Overview of the OPHS and Protocols

Authority of the OPHS and Protocols

- The OPHS are published by the Minister of Health and Long-Term Care through section 7 of the Health Protection and Promotion Act (HPPA) as the guidelines for mandatory public health programs and services to be provided by Ontario's boards of health
 - “The Minister may publish guidelines for the provision of mandatory health programs and services and every board of health shall comply with the published guidelines. R.S.O. 1990, c. H.7, s. 7 (1).”
- Amendments to the HPPA under the Health Systems Improvement Act came into effect September 30, 2008 which allow for the incorporation of documents such as Protocols into guidelines as well as their ongoing amendment. Sections 7(5) and 7(6) of the HPPA provide this authority:
 - As a result, Protocols which are named in the OPHS become incorporated and form a part of the OPHS
 - Ability for the rolling incorporation of Protocols facilitates their revision

Authorities of Ministries

- Order in Council No. 1485/2005 assigns 4 mandatory health programs and services under section 7 of the HPPA to the Ministry of Health Promotion
- Order in Council No. 495/2004 assigns responsibilities for the Healthy Babies Healthy Children program under section 7 of the HPPA to the Ministry of Children and Youth Services
- Orders in Council will be updated to reflect program standards in the OPHS

Legislative Authority for the Ontario Public Health Standards and Incorporated Protocols

HPPA, Section 7

- 7 (1) – provides the minister the authority to issue guidelines
- 7 (2) – requires that guidelines are transmitted to boards of health
- 7 (3) – states that a guideline is not a regulation
- 7 (4) – clarifies that a guideline is subordinate to a regulation
- 7 (5) – allows for the adoption of other documents by reference, in a guideline
- 7 (6) – specifies that a document incorporated by reference should be referred to as “amended from time to time”
- 7 (7) – states that a document comes into effect when the MOHLTC notifies boards of health and when it publishes a notice

Protocols -

Protocols include detailed direction to assist boards of health to operationalize specific requirements in the OPHS. 26 protocols in total are included in the OPHS.

Enforceable

LEGISLATION

The Health Protection and Promotion Act, 1990



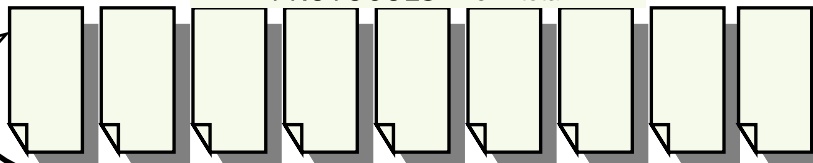
Section 7 provides the Minister of Health and Long-Term Care with the authority to issue guidelines

GUIDELINES = ONTARIO PUBLIC HEALTH STANDARDS (OPHS)

The OPHS includes 1 foundational standard and 13 program standards. Each program standard includes goals, societal outcomes, board of health outcomes, and requirements.

Foundational Standard	Chronic Diseases & Injuries Standard	Family Health Standard	Infectious Diseases Standard	Environmental Health Standard	Emergency Preparedness Standard
1 Standard	2 Program Standards	2 Program Standards	5 Program Standards	3 Program Standards	1 Program Standard

PROTOCOLS - 26 in total



BEST PRACTICE / GUIDANCE DOCUMENTS

Documents, or sections of documents, which may be referenced in protocols are **enforceable** when referred to as “in accordance with”.

Not Enforceable

BEST PRACTICE / GUIDANCE DOCUMENTS

Documents, or sections of documents, which may be referenced in protocols are **not enforceable** when referred in such a manner as to indicate that they are being provided for guidance purposes only. An example of this would be where the document is referred to as being provided to the board of health for their “further information”.

The Standards

- Include technical revisions to reflect new science, evidence and best practices in public health
- Adopt a logic model approach to clearly identify and illustrate societal and board of health outcomes
- Are structured to reflect key public health functions consistently across all program standards that build on the F/P/T and CDC/PAHO functions
- Balance the need for provincial standards and programs that are responsive to local needs and contexts - thus not as prescriptive as the MHPSG (1997)
- Clearly articulate the role of public health in addressing the determinants of health
- Move toward standards that are measurable & will be linked with specific performance measures for increased accountability and will be integrated into the Public Health Performance Management Framework
- Will be accompanied by an ongoing review, enhancement and support process – the “Evergreen Process” – to ensure that they are reviewed and revised as appropriate
- Were developed to fit within the current fiscal envelope for public health in Ontario

OPHS and the MHPSG: Comparison of Structure

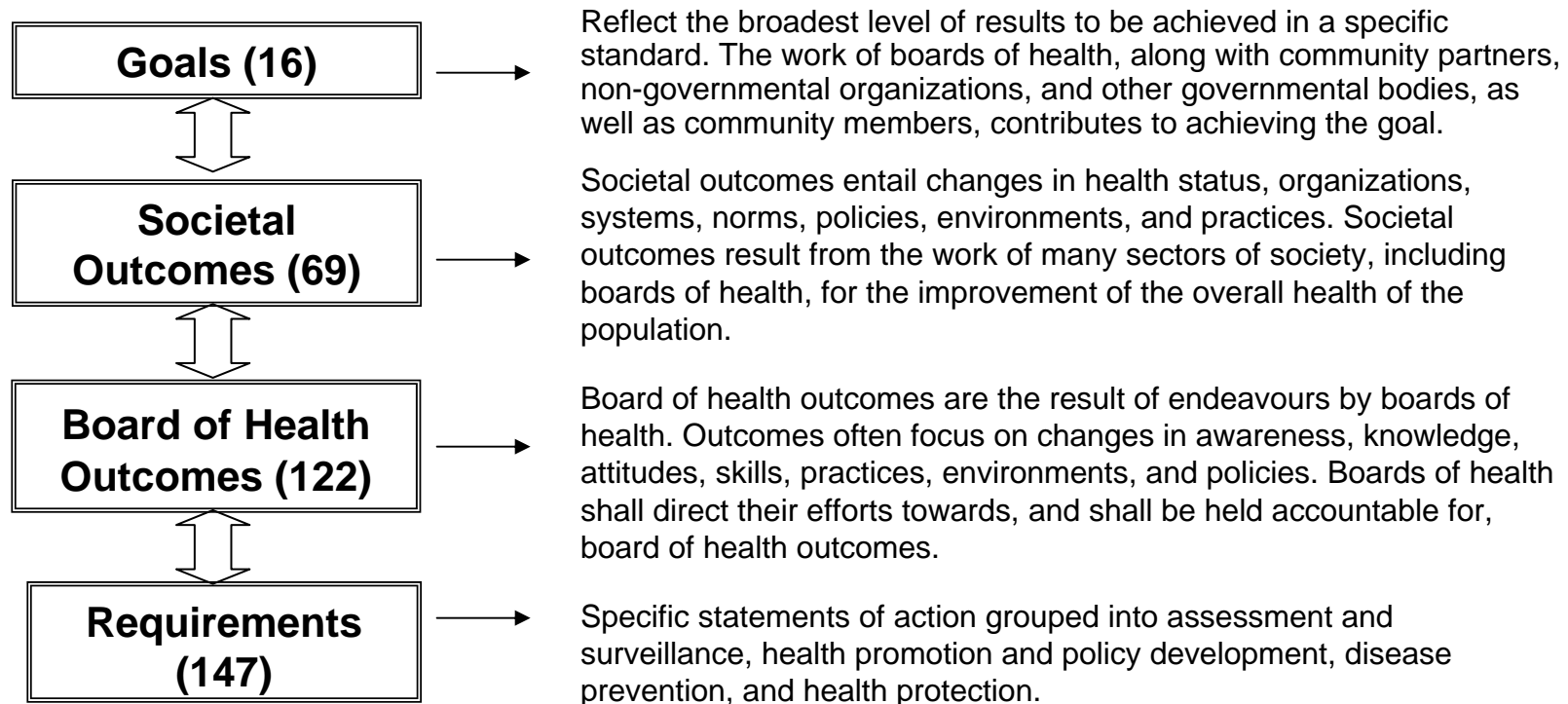
	<u>Ontario Public Health Standards 2008</u>	<u>Mandatory Health Programs and Services Guidelines, 1997</u>
	Total number of requirements (147) Number of Protocols – 26 Contents: <ul style="list-style-type: none"> - Introduction - Foundations - Principles and Foundational Standard 	Total number of requirements (120) Number of Protocols – 19 Contents: <ul style="list-style-type: none"> - Introduction and principles - General Standards: Equal Access, Program Planning and Evaluation and Health Hazard Investigation
MHP	Chronic Diseases and Injuries Program Standards <ul style="list-style-type: none"> - Chronic Disease Prevention and Prevention of Injury and Substance Misuse 	Program Standards Chronic Diseases and Injuries <ul style="list-style-type: none"> - Chronic Disease Prevention; Early Detection of Cancer; and Injury Prevention including Substance Abuse Prevention
MHP, MCYS	Family Health Program Standards <ul style="list-style-type: none"> - Reproductive Health and Child Health 	Family Health <ul style="list-style-type: none"> - Sexual Health, Reproductive Health and Child Health
	Infectious Diseases Program Standards <ul style="list-style-type: none"> - Infectious Diseases Prevention and Control; Rabies Prevention and Control; Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV); Tuberculosis Prevention and Control, and Vaccine Preventable Diseases 	Infectious Diseases <ul style="list-style-type: none"> - Control of Infectious Diseases; Infection Control; Rabies Control; Sexually Transmitted Infections Including HIV/AIDS; Tuberculosis Prevention and Control; Vaccine Preventable Diseases; Food Safety; and Safe Water
MOHLTC	Environmental Health Program Standards <ul style="list-style-type: none"> - Food Safety; Safe Water; Health Hazard Prevention and Management 	Note: In 1997 MOHLTC was responsible for the MHPSG in its entirety. OICs in 2004 and 2005 assigned responsibility for some programs and services to MCYS and MHP, as indicated at the left of this table.
	Emergency Preparedness Program Standard <ul style="list-style-type: none"> - Public Health Emergency Preparedness 	

Introduction section of the OPHS

- Highlights role of public health in addressing the determinants of health and reducing inequities
- Includes a description of public health in Ontario
- Outlines the legislative mandate for Ontario's boards of health by providing a summary of the HPPA sections
 - Highlighting that boards of health may deliver additional programs and services to the mandatory programs in response to local needs
 - Articulating French Language Services Act provision of services in designated areas
- Includes a summary of the Acts and associated regulations within which boards of health and medical officers of health are cited (over 55 Acts)

Structure of the OPHS

- The 1997 MHPSTG included objectives with numerical targets which in some cases were too prescriptive, out-of-date, and unachievable
- The standards replace objectives with directional outcomes; specific performance targets are not reflected in the standards but may be captured in supporting documentation

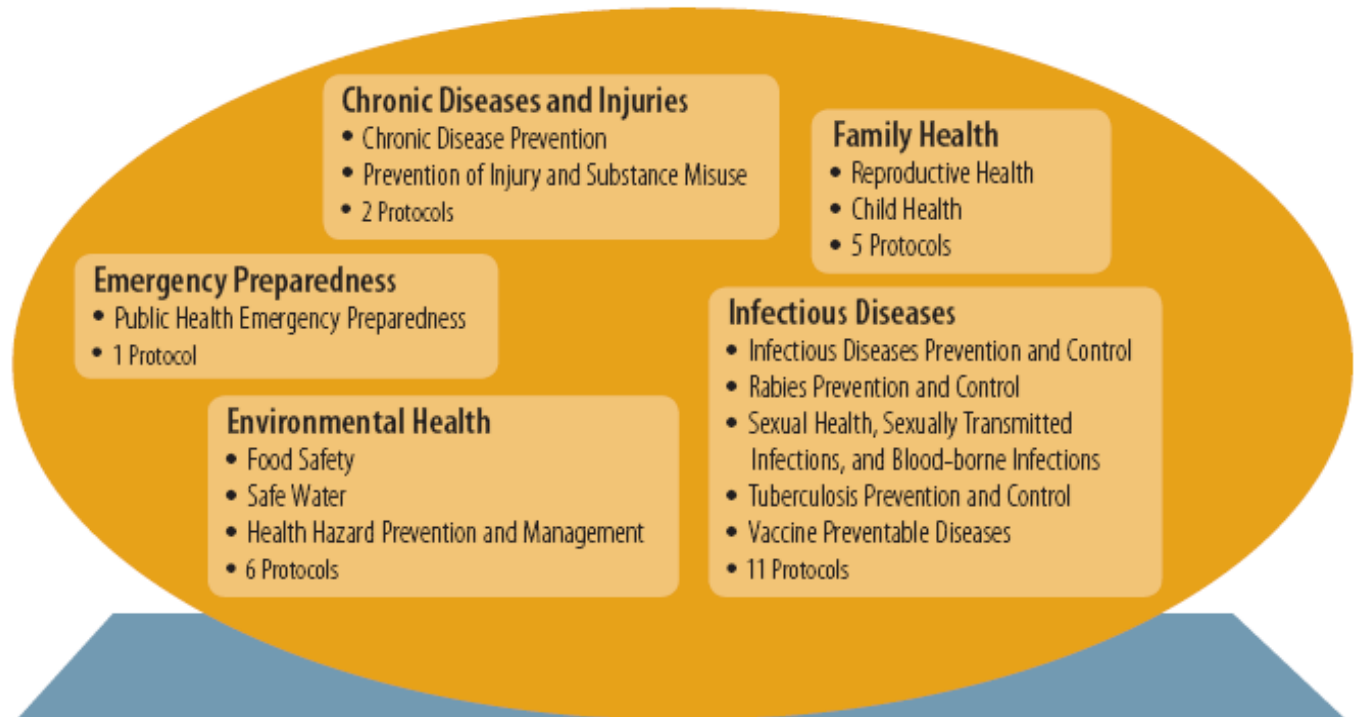


The OPHS Protocols

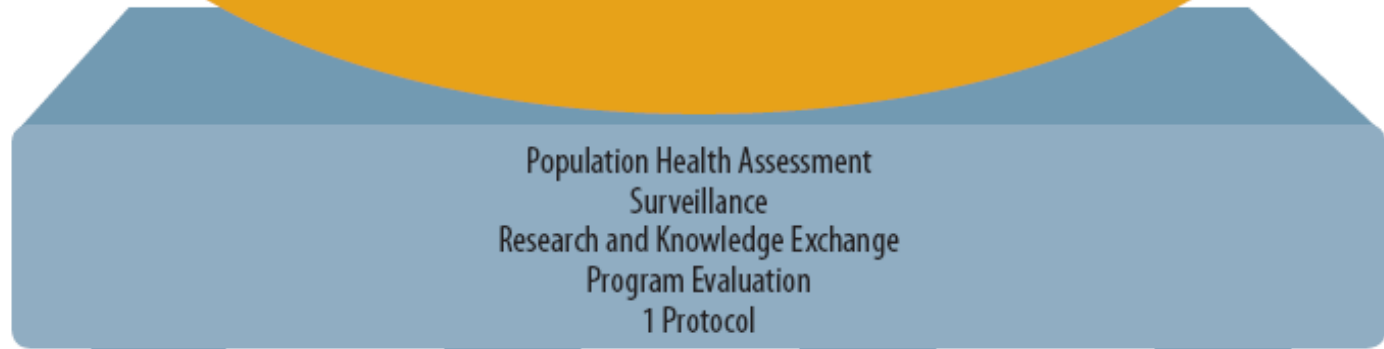
- The OPHS incorporate 26 detailed Protocols
- Protocols provide further detail to assist boards of health to operationalize specific requirements
- Many requirements are linked to more than one Protocol
- Protocols have been developed to address areas where standardization across the province is required
- The lack of Protocols for a specific requirement or a Standard reflects the nature of the work – locally based

OPHS "Atlas"

Program Standards and Protocols



Foundational Standard and Protocol



Principles



The OPHS Foundations: Principles

- The OPHS and Protocols are under-pinned by Principles and the Foundational Standard
- OPHS Principles: “To ensure that boards of health assess, plan, deliver and manage public health programs and services to meet local needs, while continuing to work towards common outcomes, boards of health shall be guided by the following principles: **Need; Impact; Capacity; and Partnership and Collaboration.**”
- Similar to the principles in the MHPSEG (1997) of Need, Impact, Appropriateness and Capacity
- Principles in the OPHS now acknowledge the key public health goals achieved by boards of health through extensive Partnership and Collaboration with both health sector and other community partners to meet public health needs of the community

The OPHS Foundations: Principles (cont'd)

Need

- The principle of need acknowledges the importance of using data and information to inform decision-making at the local level regarding program assessment, planning, delivery, management and evaluation
- Need is established by assessing the distribution of the determinants of health and incidence of disease frequency
- The principle of need must be continuously applied at all levels of program and service delivery to ensure optimal performance
- Boards of health must continuously tailor programs and services to address the unique needs of their communities and populations and to contribute to the improvement of overall population health outcomes with an emphasis on the determinants of health and inequities in health

The OPHS Foundations: Principles (cont'd)

Impact

- The principle of impact acknowledges the role of public health in influencing broader societal changes to reduce disparities in health and in addressing the determinants of health in public health programs and services
- Boards of health must assess, plan, deliver and manage their programs and services by considering the following:
 - √ Is there reasonable evidence of the effectiveness of the intervention in the scientific literature or in reviews of best practices?
 - √ Are the interventions compatible with the scope of programming for boards of health?
 - √ What are the barriers to achieving maximum health potential for individuals, groups, and communities and to narrowing inequities in health?
 - √ What relevant performance measures exist or can be developed to assess the impact and effectiveness of programs and services?
 - √ Do interventions have unintended consequences that need to be further assessed to improve understanding of the program itself or the context in which it is being implemented?

The OPHS Foundations: Principles (cont'd)

Capacity

- The principle of capacity acknowledges that an understanding of local public health capacity, as well as the resources required to achieve outcomes, is essential for the effective management of programs and services
- Capacity includes many areas: organizational structures and processes; workforce planning; development and maintenance; information and knowledge systems; and financial resources
- Boards of health must assess their capacity with respect to the breadth and scope of programs and services in relation to the skill levels of staff; the accessibility of relevant and timely information; and the financial implications involved in achieving the desired outcomes for their populations
- The principle of capacity also speaks to the importance of building and sustaining need for staff with both the technical and professional skills including core competencies in public health and public health disciplines

The OPHS Foundations: Principles (cont'd)

Partnership and Collaboration

- The principle of partnership and collaboration acknowledges the importance of community capacity development through cooperation within the health sector and other sectors
- Boards of health must foster the creation of supportive environments for health through community and citizen engagement in the assessment, planning, delivery, management and evaluation of programs and services – to support improved local capacity to meet the public health needs of the community
- The quality and scope of local partnerships is an essential indicator of success for boards of health in achieving and maintaining the leadership role required to create the conditions necessary for effective change
- Boards of health shall continually monitor and evaluate local partnerships and collaborations to determine their effectiveness

Components of the Foundational Standard

- The OPHS includes a Foundational Standard aimed at acknowledging and reinforcing the importance of foundational public health activities that under-pin the planning, delivery and evaluation of all public health programs and services – and each of the Program Standards in the OPHS

<p>Population Health Assessment includes measuring, monitoring, and reporting on the status of a population's health, including determinants of health and health inequities.</p>	<p>Research and Knowledge Exchange includes the organized and purposeful collection, analysis, and interpretation of data and collaborative problem-solving among public health practitioners, researchers, and decision-makers, which takes place through linkage and exchange.</p>
<p>Surveillance is the systematic and ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know, so that action can be taken.</p>	<p>Program Evaluation is the systemic gathering, analysis and reporting of data about a program to assist in decision-making. Program evaluation produces the information needed to support the establishment of new programs and services, assess whether evidence-informed programs are carried out with the necessary reach, intensity and duration; or to document the effectiveness and efficiency of programs and services.</p>

The OPHS – Cross-Linkages Across Program Standards

- The OPHS endeavour to challenge programmatic silos
- They are under-pinned by key principles and reinforce the importance of foundational activities to inform and guide program and service planning, delivery and evaluation across all public health programs and services
- The outcomes identified have been approached from a conceptual framework which addresses necessary integration and cross-linkages across public health programs and services to achieve optimal outcomes for Ontarians
- The Standards are also organized coherently and consistently to reflect key activities which must be undertaken in all programs including:
 - Surveillance and assessment; health promotion and policy development; disease prevention; and health protection.
- There are cross-linkages including the requirement for 24/7 on-call mechanisms and response capacity across programs such as public health emergency preparedness and infectious diseases prevention and management

Roll-Out Activities and Supports

Overview

- The roll-out of the OPHS and Protocols will occur in two phases:
 - Phase 1 (now – Dec 31, 2008) - These activities involve all aspects of the release, distribution and immediate education needs of boards of health staff (awareness and education)
 - Phase 2 (January 1, 2009 – onward) - These activities include additional training sessions and activities provided by program areas; these will be dependent on the evaluation of Phase 1 activities and further learning/support needs identified

Proposed Roll-Out Activities – Workshops

- Events will be held through the month of November. These include:
 - Launch (Nov. 12 and 13)
 - 7 workshops on the OPHS and Protocols: The intent is to provide board of health management and staff with an understanding of the content of the OPHS and Protocols and opportunities to discuss best practices and adoption approaches
 - Foundational Standard (Nov. 14)
 - Reproductive Health and Child Health (Nov. 17 and 18)
 - Chronic Disease Prevention (Nov. 17 and 18)
 - Prevention of Injury and Substance Misuse (Nov. 19 and 20)
 - Public Health Emergency Preparedness (Nov. 24)
 - Infectious Diseases (Nov. 24 and 25)
 - Environmental Health (Nov. 26)
 - A webinar to discuss the Tuberculosis Program Standard will take place in early December

Proposed Roll-Out Activities – Workshops (cont'd)

- A “core curriculum” will be presented at each event focusing on an overview of the OPHS and Protocols, OPHS Foundations, Roll-out activities, the “Evergreen” process, and an update on Public Health Performance Management
- The workshops will provide an opportunity for the sharing of best practices in program planning, delivery and evaluation and for board of health staff to discuss challenges and opportunities for the planning and implementation of the OPHS and Protocols
- Some workshops will also showcase “leading practices” from health units and other broader healthcare sector organizations as well as tools and resources to be used for support
- An on-line evaluation survey has been developed, for all workshops to evaluate their effectiveness and to identify ongoing information and training support needs

Support Materials

- A number of products will be available for boards of health and other public health stakeholders, including:
 - OPHS Website: downloadable OPHS and Protocols, web-based tools to be accessed by public health practitioners to assist them with the adoption of the OPHS, also providing links to logic models, evidence based tools and resources, and automated live literature searches (through PubMed)
 - Guidance Documents: in addition to the OPHS and Protocols, some program areas are developing/revising Guidance Documents which will be made available when the OPHS go into effect and may include further materials to be developed after the OPHS implementation (2009 and beyond)
 - Additional training sessions and webinars: may be provided at the discretion of program areas

The OPHS Website


- The OPHS website has several key purposes:
 - To provide access to the OPHS and accompanying Protocols;
 - To assist practitioners to understand the conceptual framework of the new OPHS; and
 - To provide practical tools to support adoption of the new standards and requirements.

www.ontario.ca/publichealthstandards

Functionality of the OPHS Website

- The OPHS Website includes web-based tools to be accessed by public health practitioners to assist them with the adoption of the OPHS including:
 - Downloadable and printable versions of the OPHS and accompanying protocols;
 - Cross-cutting PDF reports that will highlight the linkages across the standards and specific content (e.g., reports will be generated by a database and will include searches by requirements, outcomes, settings, populations, topics, etc.) that can be downloaded and printed by users;
 - Logic models (relationship maps) to support the identification of linkages between standards, program planning and evaluation, training, etc.;
 - Links to other evidence based and informed tools and resources and organizations; and
 - Links to automated live literature searches (through PubMed).

OPHS Website Snapshot – Homepage



MINISTRY OF HEALTH AND LONG-TERM CARE

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Ontario Public Health Standards


Welcome to the Ontario Public Health Standards (OPHS) Website. This site has been developed to:

1. Assist public health practitioners to understand the conceptual framework of the Ontario Public Health Standards including the four principles; one foundational standard; five program standards groupings; the logic model approach; and protocols that support specific requirements.
2. Support the achievement of board of health outcomes by providing practical tools for the adoption of the Standards, including tools for program planning and delivery (e.g., logic models and links to evidence-based tools to inform public health practice).

Content

Ontario Public Health Standards and Protocols: Documents

[Ontario Public Health Standards](#) [PDF]
[Protocols](#) [PDFs]

To view PDF format files, you need to have Adobe Acrobat® Reader installed on your computer.
 You can download this free software from the [Adobe Web site](#).

Interactive version of Ontario Public Health Standards

[Interactive version of Ontario Public Health Standards](#) (includes embedded protocols and standard specific resources such as logic models, literature searches, external websites, etc.).

General Resources

[General Resources](#) (includes general resources that support the implementation of the Ontario Public Health Standards).

Roll Out Activities

[Presentations](#)

[TOP](#)

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OPHS Website Snapshot – Resources

The screenshot shows the Ontario Public Health Standards website. At the top, there is a blue header with the Ontario logo and the text 'MINISTRY OF HEALTH AND LONG-TERM CARE'. Below the header, there are navigation links: 'HOME | SITEMAP | FRANÇAIS' on the left and 'MOHLTC | CONTACT US' on the right. The main content area is titled 'Ontario Public Health Standards' and 'General Resources'. On the left side, there is a sidebar with a list of resources under the heading 'OPHS and Protocols: PDFs Interactive version of OPHS General Resources'. The main content area contains several resource descriptions, each with a title and a brief description.

OPHS and Protocols: PDFs
Interactive version of OPHS

General Resources

- Legislative Authority for the OPHS and Protocols
- Glossary for the OPHS
- Logic Models
- Literature Searches
- Critical Appraisal of Evidence and Research
- French Language Services
- Mental Health Promotion
- Resilience
- A Look at the OPHS and Protocols Across Various Dimensions
- Comparison of the 2008 OPHS and 1997 MHPSG
- Public Health Links

Roll Out Activities

Ontario Public Health Standards

General Resources

The following resources have been compiled to provide public health practitioners with practical tools that support understanding of the Ontario Public Health Standards (OPHS) and facilitate program planning and delivery.

[Legislative Authority for the OPHS and Protocols:](#)
Describes the authority for the Ontario Public Health Standards and the incorporated protocols and their respective relationships with the Health Protection and Promotion Act.

[Glossary for the OPHS:](#)
Includes key terms used throughout the OPHS (the OPHS Glossary is distinct from glossaries included in specific protocols).

[Logic Models:](#)
For each standard, provides the relationships between the requirements, board of health outcomes, societal outcomes, and goals.

[Literature Searches:](#)
A tool for conducting predetermined literature searches (through PubMed) on topic areas relevant to the requirements.

[Critical Appraisal of Evidence and Research:](#)
A guide from the Ontario Public Health Libraries Association on the basics for critically appraising research.

[French Language Services:](#)
A guide to assist boards of health in the provision of French language public health programs and services to French-speaking residents of communities within their jurisdiction.

[Mental Health Promotion:](#)
A guide that outlines the concept of mental health promotion and provides an overview of how mental health promotion is addressed by the OPHS.

[Resilience:](#)
A guide that summarizes the concept of resilience and provides an overview of how resilience is addressed by the OPHS.

[A Look at the OPHS and Protocols Across Various Dimensions:](#)
Cross-cutting PDF reports that breakdown the components of the OPHS (e.g., lists of goals, board of health outcomes), and show the linkages across the standards and protocols by identifying which OPHS requirements and protocols are relevant for various dimensions (e.g., settings and populations).

[Comparison of the 2008 OPHS and 1997 MHPSG:](#)
A chart comparing the requirements of the 2008 OPHS and the 1997 MHPSG.

Future Updating of the OPHS and Protocols – the “Evergreen Process”

The “Evergreen” Process

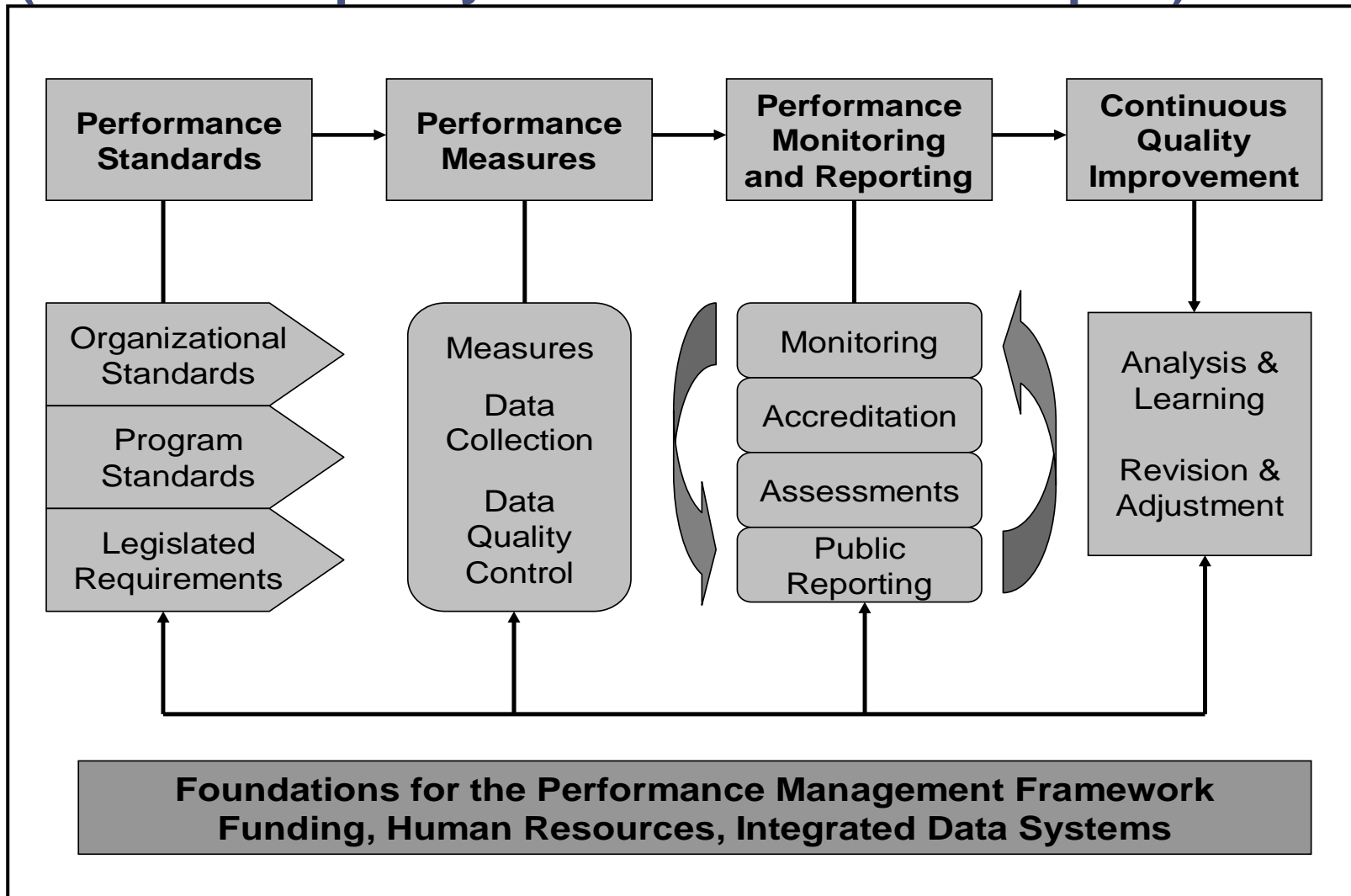
- The Technical Review Committee recommended that a formalized process be established to ensure that the OPHS and Protocols are reviewed and revised, where appropriate, on an ongoing basis
- The Committee recommended that the OPHS be revised every 5 years to ensure that they remain current, evidence-informed and responsive to key public health issues/drivers
- The Association of Municipalities of Ontario recommended that an evaluation of the OPHS be undertaken two years following implementation to analyze resource and funding impacts of the OPHS
- Commitment made by MOHLTC: OPHS will be reviewed after 5 years and Protocols will be reviewed every 2 years – or as required
- The role of the Ontario Agency for Health Protection and Promotion in the evergreen process will be developed in the coming months

The “Evergreen” Process (cont’d)

- Any revisions to the OPHS will require tri-ministerial approval (MOHLTC, MHP, MCYS)
- Any revision to Protocols will require CMOH approval
 - It is anticipated that revisions to some Protocols may be more frequent
 - The addition and/or removal of Protocols entails changes to OPHS
 - Changes in names of Protocols also entails changes to the OPHS
- Processes and structures for the formalized OPHS and Protocols review are being considered (potentially to initiate in late 2009)
- It is anticipated that stakeholder engagement will be a component of the evergreen process - mirroring the approach to the development of the OPHS and Protocols

Update on the Public Health Performance Management Framework

Public Health Performance Management Framework (from the Capacity Review Committee Report)



Initial Public Report on Public Health

- The purpose of the report is:
 - Snapshot of public health system; and
 - Not intended to be a performance report or scorecard.
- Developed in consultation with the Performance Management Working Group
- Will reflect programs funded by MOHLTC, Ministry of Health Promotion and Ministry of Children and Youth Services
- Intended audience: boards of health, medical officers of health, other public health unit staff, government partners
- Target release date: March 2009

Report Contents

- The report will include:
 - An overview of the public health sector;
 - Profiles of health units across Ontario;
 - Data on health status, governance, financial, and human resources within each health unit; and
 - Case studies showcasing local practices.

Going Forward – Board of Health Adoption of the OPHS and Protocols

Going Forward – Board of Health Adoption of the OPHS and Protocols

- Boards of health are expected to begin adoption of the OPHS and Protocols in their entirety as of January 1, 2009
 - The Safe Water Program Standard and the Drinking Water Protocol will come into effect as of December 1, 2008
 - Oversight for Small Drinking Water Systems becomes the responsibility of MOHLTC and boards of health, and public health inspectors will be expected to begin conducting individual site-specific risk assessments of Small Drinking Water Systems in the province
- Through the “evergreen” and other consultation processes the Ministries will be looking to the sector for input and advice regarding the OPHS and Protocols including: key challenges associated with adoption; areas for improvement and revision; and emerging issues
- As of January 1, 2009 operational branches with specific oversight responsibilities with respect to individual programs become board of health key contacts for operational/programmatic issues