

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
Select Committee meeting date. / Choisir la date de la reunion du comité.**

**Submitted on Date April 4, 20234
Soumis le 4 avril 20234**

**Submitted by
Soumis par:
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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE
File Number: ACS2024-OPH-EHI-0001**

SUBJECT: OPH Adapted Inspection Program Approach

OBJET: Programme d'inspection adapté de Santé publique Ottawa

REPORT RECOMMENDATIONS

THAT the Board of Health for the City of Ottawa Health Unit:

- 1. Receive information about Ottawa Public Health's adapted Inspection Program for 2024 as outlined in this report and attached Document 1;**
- 2. AND THAT the Board of Health direct staff to report back on the Inspection Program, upon receiving the new Ontario Public Health Standards (OPHS) and Protocols;**
- 3. AND THAT, the Chair of the Board of Health send a letter to the Minister of Health requesting that the Ministry of Health institute permanent annual base funding for the Public Health Inspector practicum program and convey the need to review the funding formula alongside the review of the OPHS to grow capacity for inspection.**

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

- 1. Que le Conseil de santé reçoive de l'information au sujet du programme d'inspection adapté de Santé publique Ottawa pour 2024 comme décrit dans le présent rapport ainsi que le document 1 joint; et**
- 2. Demande au personnel de faire rapport sur le programme d'inspection, les fréquences d'inspection, après avoir reçu les nouvelles Normes de santé publique de l'Ontario (NSPO) et les nouveaux protocoles; et**
- 3. Que la présidente du Conseil envoie une lettre au ministre de la Santé demandant que le ministère de la Santé institue un financement annuel permanent de base pour le programme de stage d'inspecteur de la santé publique et transmette le besoin d'une révision de la formule de financement en même temps que l'examen des NSPO afin d'augmenter les capacités d'inspection.**

EXECUTIVE SUMMARY

Increasing demands due to population growth, business expansion, new emerging needs, and ongoing pandemic effects are being felt across Ottawa Public Health programs including the Inspection Program. Provincial investments have not kept pace with the population growth demands, traditional inspection methods are proving more resource-intensive exiting the pandemic, and new Public Health Inspectors (PHIs) have been difficult to recruit.

To maximize the impact of our work while managing increasing demands, OPH has adapted its Inspections Program. The adapted approach prioritizes higher-risk settings and optimizes resource allocation for efficient operations, though at the cost of noncompliance with a number of Ministry of Health minimum standards. Key components of the adapted program include using local knowledge of a facility's history of compliance, leveraging innovation, and applying health equity principles to determine our inspection priorities. OPH has determined that the approach is the best way forward given limited financial growth over time and current resource limitations, while acknowledging that it is not without risk and that OPH's preference would be to increase inspection frequency and/or see the Ontario Public Health Standards support alternatives for lower risk settings.

PHIs are the backbone of OPH's inspection program, with inspections playing a fundamental role in preventing illness. PHIs roles extend beyond routine inspections, responding to complaint investigations, conducting outbreak management, completing health hazard investigations, providing education to businesses and the public, and engaging with partners. According to the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) PHIs were heavily involved in the pandemic response and like other members of the healthcare community were adversely affected, leading to fatigue and retirements, with many knowledgeable inspectors leaving the field for less intense work. Across Canada and Ontario, recruiting newly qualified PHIs has been difficult, impacting OPH's ability to fill vacant positions. OPH continues to explore opportunities to strengthen our recruitment efforts. The proposed recommendations from this report include receiving information on the adapted inspection program, directing OPH to return with an update to the board once new OPHS and protocols have been developed and that the Ministry of Health establish permanent funding for PHI practicum placements, as well as review the funding formula alongside the review of the OPHS to sustain and enhance OPH's workforce and inspection efforts.

Moving forward, OPH commits to ongoing evaluation and continuous improvement of its inspection program. This includes exploring alternative risk identification and inspection methods, improving retention and recruitment strategies, and supporting software replacement initiatives.

In summary, OPH's adapted inspection program aims to prioritize high-impact work, optimize resource allocation, and prioritize public safety to safeguard the well-being of Ottawa's residents.

BACKGROUND

Provincial Context

The Ontario Public Health Standards (OPHS) and Protocols identify the minimum expectations for public health programs and services that local health units in Ontario must follow. They are published by the Minister of Health under the authority of section 7 of the Health Protection and Promotion Act. As part of the recent Provincial announcement on the Strengthening of Public Health System, the Ministry has begun

the review of the OPHS, protocols and guidance documents, including for Safe Food and Water, Infection Prevention and Control (IPAC) and Environmental Health. OPH was invited to participate in the Ministry of Health's OPHS Review Group for Environmental Health, which included a review of the Safe Food and Water and the Health Hazards Protocols and Guidelines. This presents an opportunity to provide feedback to the Ministry of Health on potential changes that not only safeguard public health but also allocate resources towards impactful initiatives. OPH feedback included suggesting alternative approaches to rabies investigations and low risk inspections, along with suggested adjustments to the Ministry of Health's risk matrix to better align with evolving needs and priorities. The Ministry of Health has advised local public health agencies that further consultation will be carried out in the coming months. As the review is concluded and new or revised standards and protocols are issued, OPH will need to assess the impact on our current approach to inspection work and adjust as necessary.

The Food Safety Protocol provides direction to boards of health on the delivery of local, comprehensive food safety programs. These programs include surveillance and inspection of food premises, surveillance and epidemiological analyses of suspected and confirmed food-borne illnesses, food handler training and certification, and timely investigation of reports of 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. The protocol also ensures that the board of health publicly disclose results of all inspections.

The Infection Prevention and Control Protocol provides directions to boards of health regarding surveillance, inspection, investigation, education, enforcement, and reporting requirements with respect to IPAC in specific settings. This is to minimize the risk of infectious disease transmission, such as blood-borne diseases with an emphasis on personal service settings and licensed childcare settings.

These protocols, amongst others, determine how facilities are risk categorized and subsequently the frequency of mandated annual inspections.

OPH has seen a significant increase in the average duration of a routine inspection following the end of the peak pandemic response. This trend was also identified in a recent report produced by ASPHIO in June of 2023. It noted that their respondents had determined that additional inspection duration was due to the rates of operator non-compliance and significant staff turnover in fixed premises, which resulted in a loss of knowledge and historical progress on food safety practices, and a detrimental effect on relationships with local owners and operators.

OPH, through supporting the work of a University of Ottawa master's student, conducted a Safe Food Evaluation in 2023, where a survey of ASPHIO members asked if their health units were able to meet the inspection standards, specifically regarding

frequency of inspections required and most of the health units reported having to prioritize inspection work in some way.

Local Context

OPH oversees various forms of health inspections in the community. The Inspection Program consists of Safe Food and Water, Healthy Environments, and the IPAC units. The goal of the inspection program is to promote food and water safety, help prevent, identify, and control emerging food safety issues including food-borne outbreaks, and to promote infection prevention and control measures to control the spread of communicable disease (case and contact management and follow-up on reportable diseases fall under the Infectious Disease Program within OPH).

PHIs routinely inspect facilities to ensure they operate in compliance with the requirements under the [Ontario Public Health Standards, 2019 \(OPHS\)](#) and [Ontario's Health Protection and Promotion Act \(HPPA\)](#) regulations. In addition to routine inspections, re-inspections are conducted to follow up on reported deficiencies. Inspections are also conducted at the request of food premise operators requiring Public Health approval to meet licensing requirements, or when responding to public complaints or to conduct investigations.

The mixed and vast urban/rural landscape of Ottawa and being the Nation's Capital also present unique challenges to OPH's inspection program. The geography of the City of Ottawa is bigger than Calgary, Edmonton, Toronto, Vancouver and Montreal combined, which leads to PHIs having to cover larger areas than comparator urban public health units. Being a Capital City, Ottawa also hosts many special events throughout the year, and in summer months, which leads to additional inspections.

As the population of Ottawa continues to grow, so does the number of facilities requiring inspection from 6848 facilities in 2019 to 7405 in 2024, which is an 8% increase over five years.

Beyond that, there are new and additional workload pressures including:

- increased outbreak management because of the ongoing circulation of COVID-19 and re-emergence of other pathogens;
- new licensing inspections of a growing number of extended childcare settings in schools;
- potential new inspections because of the 2019 Auditor General of Ontario's Food Safety Audit to transition inspections of facilities that both process and sell fish and high-risk meat processing from the Ontario Ministry of Agriculture, Food and Rural Affairs to Public Health Units;
- shift to new "home based" facilities for personal service settings (PSS) due to the pandemic - these are more difficult to locate and inspect;
- addition of "home based food businesses" as a part of the new zoning by-law to support the City's Official Plan;
- renewed focus on health equity and prevention; and

- innovative projects including the potential provincial move to one data management platform across all PHUs and merge with the provincial infectious disease reporting platform. OPH supports this approach given potential reduction in data management demands that have added to the workload.
- health hazard investigations
- 1678 rabies investigations in 2023
- emergency responses (floods, tornados etc.)

According to the OPHS, on-call PHIs must be available 24/7 by phone to respond to urgent or critical complaints or inquiries, receiving nearly 4500 calls and over 8000 total inquiries from all intake channels in 2023. These 8000 inquiries required over 3600 investigations to determine an appropriate resolution, be it a follow up visit with a resident, in the case of rabies, or an inspection of a facility, while the remaining 4400 were either resolved by a PHI or Public Health Nurse (PHN) upon intake, were referred to partners or required additional information.

The inspection program focuses on three pillars: education, inspections, and surveillance.

Education

OPH works with food premise operators to ensure operators attain food handler certification training to mitigate the risk of foodborne illness, and to ensure operators adhere to the OPHS. PHIs within the IPAC unit work with retirement home and long-term care operators to promote infection prevention by providing risk assessments, and with personal service settings like nail salons, to ensure safe practices, while the healthy environments team provides education in congregate living settings like farms housing migrant workers to promote the safety of workers' living conditions. By focusing on partner engagement, OPH can ensure effective dissemination of health guidelines, training programs, and resources tailored to their specific needs. This collaborative effort strengthens compliance, fosters a culture of accountability, and bolsters the resilience of diverse sectors in safeguarding public health post-pandemic.

Inspections

Through inspections, potential hazards and sources of contamination can be identified and addressed proactively, ensuring that establishments adhere to health and safety regulations. By enforcing these standards, inspections contribute to safeguarding the well-being of communities, promoting healthier environments, and reducing the spread of infectious diseases.

To accommodate higher demand and greater complexity, OPH has embraced innovation in our inspection methods, incorporating digital tools leveraging Power BI dashboards, remote monitoring technologies and prioritization to enhance program efficiency and effectiveness. This local approach acknowledges an Ottawa specific context and uses a facility's history of compliance, as well as the Ministry of Health's

risk categorization assessment tool to determine our annual local inspection priorities. This allows us to maximize the impact of our inspection efforts.

In 2023, Ottawa PHIs conducted over 8250 routine mandated compliance inspections, while some routine mandated inspections included inspections as a result of a complaint, 486 complaints required an inspection not counted as a mandated compliance inspection, while 2200 re-inspections occurred to address an issue in a variety of settings, including restaurants, food facilities, food events, small drinking water systems, personal service settings (nail salons, tattoo parlors etc.), recreational pools and spas, retirement homes and long-term care homes, childcare facilities, migrant farm workers' accommodations, and safe injection sites.

In 2024, following the mandated frequencies, OPH would need to conduct 12 576, routine mandated inspections to comply with the current OPHS. Based on the last internal workforce analysis completed in 2022, OPH would require approximately 6 additional PHI permanent positions to meet these targets.

All inspection reports prepared are posted online, including any outstanding infractions at the inspection's end. If necessary, re-inspections are conducted to ensure compliance. These reports are uploaded to OPH's website within two business days after they are completed and remain on OPH's disclosure website for 2 years. Inspection results are also available on the City of Ottawa's Open Data Catalogue.

Surveillance

The OPH Epidemiology & Evidence team monitors and tracks reported illnesses and outbreaks, including those possibly related to institutions and inspected premises (e.g. illnesses spread by direct contact, respiratory, and foodborne and waterborne diseases). This provides OPH the ability to detect and respond to any emerging associated outbreaks. Enteric diseases are generally underreported, underscoring the importance of follow-up with implicated premises since a single reported illness could represent many others. This can be due to people being diagnosed based on symptoms, which would not come to the attention of OPH compared to a laboratory test result, and the self-limited nature of many infections. People may not be severely ill, may face barriers to accessing healthcare, or not have access to sick leave at their employment and as a result, do not seek testing or healthcare, or the disease agent may not be detected in the laboratory specimen. OPH surveillance efforts have evolved to encompass a wider range of data sources and analysis methods, allowing OPH to identify emerging trends as they occur. Artificial intelligence tools may hold promise for detection of food borne illness or prioritizing inspections in the future.

While respiratory illness typically peaks in the winter months, a higher number of enteric illnesses are reported during the summer months. Outbreaks remain higher than pre-pandemic due to ongoing circulation of COVID-19 and the re-emergence of other respiratory outbreaks beyond pre-pandemic rates. During the current season (September 2023 – August 2024) to date (as of April 2, 2024) OPH investigated 691 suspect and confirmed outbreaks (435 COVID-19, 143 other respiratory and 113

enteric). This is 2.7 times the 252 outbreaks investigated in the pre-pandemic season (2018-2019). The 2023-2024 outbreak season started earlier than usual and, due to a lack of seasonality of COVID-19, respiratory outbreaks in the summer are likely. These increases of outbreaks over recent years have benefited from the involvement and expertise of PHIs, who work side-by-side with PHNs to support facilities in outbreak.

The reported rates of the most common food and waterborne illnesses in Ottawa: salmonellosis, campylobacter enteritis and giardiasis decreased during the first two years of the pandemic (2020-2021). This may have been due to fewer social gatherings involving food (including at restaurants), decreased travel and/or decreased access to testing. These rates began to rise in 2022, likely related to the loosening of COVID-19 related measures and continued to increase in 2023. Although rates were still somewhat below pre-pandemic levels for all three diseases in 2023 (338 cases or 30.9 per 100,000 population), they are expected to continue to rise in 2024.

DISCUSSION

Recommendation 1: That the Board of Health receive information about Ottawa Public Health's adapted Inspection Program for 2024 as outlined in this report and attached Document 1;

OPH's local approach to prioritizing work allows us to sustain our programs including non-inspection-related work that PHIs support. As noted in our 2018 Attestation Report, submitted to the ministry and most recently in this past year's Attestation Report, OPH has not met some of the standards as it relates to mandated inspection work in recent years. Before the pandemic, staffing resources and other factors including the city's size and growth and complexity of investigations led to the adoption of a localized adapted approach to inspections. This initial approach saw us completing high-risk premises per the standards before moving to any moderate-risk premises and led to reduced inspections at moderate risk facilities and almost no inspections (outside of complaint investigations) of low-risk premises. This approach was consistent with many other Public Health Units (PHU) across Ontario, but it overlooked the opportunity for OPH to consider local evidence (i.e., history of critical infractions, etc.) in inspection priority setting.

Food premises risk assessed as moderate risk can be restaurant chains, where the organizations may be accredited or inspected by internal auditors or have a documented history of compliance with the Food Safety Regulations. Low risk food premises are settings where there is minimal or no food handling, or where only low risk or pre-packaged food products are sold such as corner stores.

OPH will continue to use the three pillars of education, inspection and surveillance described above. For our inspection work, OPH has further adapted our local approach, as outlined in attached Document 1, which now differs from the standards in terms of the frequency of inspections in some cases. OPH based this approach on assessment of the population served, an establishment's history of non-compliance, the risk-rating

established through the Ministry of Health's risk categorization system and whether inspections were conducted in the previous year to determine frequency and priority of inspections for the subsequent year. An example of this approach would see OPH complete only one inspection of a moderate risk premise, that has a history of good compliance, instead of the mandated two inspections.

This approach also allows OPH to develop and implement innovative and cost-effective support for low-risk premises. Examples of these approaches include developing and permitting operators to complete a self-attestation report electronically, which could ensure operators are aware of their requirements and implementing sampling of low-risk settings. OPH's approach also leaves room to inspect a low-risk premise that has not been inspected in the past several years. In applying this approach, we plan to inspect the high-risk settings that serve higher risk residents in accordance with the OPHS. In 2023, OPH completed 100% of mandated inspections of high-risk settings, that serve higher risk residents such as long-term care homes and retirement homes, and childcare settings. See attached Document 1 entitled 2024 OPH Adapted Inspection Program that outlines the priorities and inspection frequencies for 2024.

OPH undertook an evaluation of this approach to food safety this past year. The evaluation validated the approach and a reduction in overall critical infractions across inspected facilities was noted in 2022 when compared to 2018 and 2019. A critical infraction is a violation of food regulations which involve the handling of food, which could lead to foodborne illness. Examples of critical infractions include inadequate refrigeration, freezing, cooking, hot holding, reheating, and food temperatures.

Focusing OPH efforts on equity-denied communities and neighbourhoods is also a priority for OPH's inspection program. As described further in the section [below](#), the adapted approach allows OPH to provide additional educational and inspection supports to operators in neighbourhoods with lower socio-economic status, where historically, we have seen a greater number of infractions compared to operators in advantaged neighbourhoods. Given the expanding role and expertise of PHIs, the adapted approach also ensures PHIs have capacity to be more extensively involved in initiatives that have a broader impact on the population's health, such as addressing findings of Climate Change Health Vulnerability Assessments, which can also show the need to prioritize supports to neighbourhoods with less advantage.

Recommendation 2: Direct staff to report back on the Inspection Program, upon receiving the new Ontario Public Health Standards (OPHS) and Protocols; and

OPH will table an update report with proposed inspection frequencies, along with recommendations for further adaptations within a year upon receipt of the new OPHS and Protocols.

Recommendation 3: That the Chair of the Board of Health send a letter to the Minister of Health requesting that the Ministry of Health institute permanent annual base funding for the Public Health Inspector practicum program and

convey the need to review the funding formula alongside the review of the OPHS to grow capacity for inspection.

Quoting the aforementioned White Paper produced by ASPHIO “*The future of the PHI workforce requires investment and a coordinated effort between public health employers, accredited academic institutions, and the Ministry of Health to provide education and training to ensure adequate numbers of PHIs are entering the field of practice.*”

PHIs are certified professionals, with two training programs located in southern Ontario, Toronto Metropolitan University and Conestoga College Institute of Technology and Advanced Learning in Kitchener, which can make it difficult to recruit and retain PHIs to Ottawa. To become a certified PHI, you must complete a 12-week practicum which supports OPH’s recruitment and retention strategy. The search to find qualified candidates remains competitive as there is a limited inventory for PHI practicum positions across Ontario.

OPH applies to the Ministry of Health for funding for PHI Trainee positions which we use to hire practicum students through the Ministry of Health’s Annual Service Plan and Budget one-time temporary funding request. This Ministry of Health program allowed OPH to hire aspiring PHIs, introduce them to our work environment and demonstrate the benefits of working and living in the City of Ottawa, building relationships that often led to later offers of permanent employment, with over 30% of our current staff having completed their practicum with OPH. While OPH appreciates having received funding from the Ministry of Health to date, it is temporary, inconsistent from year to year, and often does not sufficiently cover costs of more than one 12-week PHI Trainee practicum position.

Following the practicum to become certified PHIs a student must write a board exam. The exam is only offered bi-annually in the spring and in the fall. In the past two years the Canadian Institute of Public Health Inspectors (CIPHI) has seen a pass rate of [59%](#), certifying only 245 inspectors across the country.

During an internal shift of resources, and recognizing the importance of PHIs to public health, following the pandemic OPH created 13 new permanent PHI positions, through an internal review of OPH resources and positions. Following a national recruitment in the fall of 2023, due to the shortage of qualified candidates across Ontario and Canada, only seven of the positions were filled.

OPH is currently working with the City of Ottawa to complete a review and job evaluation of the PHI position description to update it to accurately reflect the current experience, qualifications, skills and education expectations of the position. As an interim measure, OPH has worked with City of Ottawa Payroll and offered a market rate adjustment to raise the level of pay for PHIs, making it comparable with counterparts across the province. OPH has started working with the City of Ottawa Human Resources and Business Support team explore other recruitment strategies some of

which have included: attending local high schools to promote the profession, engaging with post-secondary institutions to explore potential research projects to support the team, having discussions with the CIPHI board about the potential to offer the program locally, engaging with local post-secondary institutions including Algonquin College who currently support the Food Handler Training Program and exploring other incentives for candidates.

OPH will continue recruitment efforts to fill the vacant positions and will be re-posting permanent positions in the spring once the current PHI candidates have completed their exams.

Moving forward, OPH is confident that the three pillars of the inspection program, and the adapted approach to inspections, will prioritize addressing the highest public health risks to Ottawa residents. The ongoing surveillance of food and water borne illness and infectious diseases, and evaluation of our approach and innovations, will allow OPH to identify, respond and adapt to new and emerging health risks, as they arise. This approach balances the increasing demands on PHIs with the resources available. Additional recruitment and retention strategies for PHIs, such as requesting ongoing funding from the Ministry of Health, and other strategies in partnership with the City of Ottawa and educational institutions will aim to ensure that OPH's inspection program can continue to grow and stabilize in the short and long term.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

COMMENTS BY THE WARD COUNCILLOR(S)

This section does not apply to City-wide items.

LEGAL IMPLICATIONS

There are no legal impediments to implementing the recommendations in this report.

RISK MANAGEMENT IMPLICATIONS

There are both perceived and real risks with the approach taken by OPH, however the nature of the work is one of risk management, prioritizing highest-impact inspections. More frequent inspections may reduce some of the risk, but an inspection is only a small sample in time, as seen in the recent E.coli outbreak in Alberta where the establishment had been inspected [four times in 2023](#) prior to the outbreak occurring. This example demonstrates the thoroughness of an inspection and education to support good practices, may be more important than the frequency. The risks associated with illness can occur even if OPH were to meet the OPHS targets with regards to the frequency of inspections. By inspecting a greater number of facilities with our approach

allowing us to enter some low-risk premises while ensuring the high-risk facilities are inspected closely in line with the OPHS our approach seeks to minimize the risk to the community with the resources available to us.

ASSET MANAGEMENT IMPLICATIONS

There are no asset management implications with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

ACCESSIBILITY IMPACTS

There are no direct accessibility impacts with this report.

ENVIRONMENTAL IMPLICATIONS

The adapted approach allows OPH to continue to advance the work on Climate Change, completing Climate Change Vulnerability Assessments.

TECHNOLOGY IMPLICATIONS

There are no direct technology implications in this report.

ALIGNMENT WITH OTTAWA PUBLIC HEALTH STRATEGIC PRIORITIES

Healthy Equity, Prevention and Impact

OPH strives to meet the strategic goals set out by the board.

By focusing on local priorities OPH is better positioned to ensure health equity is built into our work, supporting OPH Strategic Goal, 1 noting that a recommendation from the 2023 internal food safety evaluation saw greater infractions in neighbourhoods with less advantage. As a result, OPH will be piloting an education campaign directed in these areas with pre-arranged inspections, which OPH would not have capacity to do if we were following OPHS.

The adapted inspection program enables us to continue to use evidence to drive our decisions and make best use of our staffing resources. The efficiencies here will promote time to support OPH's Strategic Goal 2, enabling OPH to focus on other priorities including climate resiliency work including completing Climate Change Vulnerability Assessments, supporting health policy including changes through by-law

reviews, and maintaining capacity to support innovation in our data management work that will continue to be used to inform adapted inspection program in the future.

By adapting the inspection program, it will support OPH’s strategic goal 5, working to ensure a healthy and inclusive workplace, providing workload balance, and ensuring time for training and professional development opportunities. This will ensure that OPH remains adaptable to future challenges should a new emerging public health threat arise, or regulatory changes are implemented.

SUPPORTING DOCUMENTATION

DOCUMENT 1 – 2024 OPH Adapted Inspection Program

DISPOSITION

upon approval of the recommendations, staff will report back upon receiving the new OPHS and Protocols & prepare the letter for the BOH Chair

Document 1

2024 OPH Adapted Inspection Program

Priority 1	OPH Inspection Frequency	Meets OPHS
High Risk Food Institutional (serving higher risk populations i.e Childcare, Long term care homes (LTCH), retirement homes (RH))	3/year	Yes
High Risk Premises with critical infractions or serving vulnerable populations	3/year	Yes
Moderate Risk Institutional Food (serving higher risk populations i.e Childcare, LTCH/RH)	2/year	Yes
High Risk Childcare Nourishment	3/year	Yes
Moderate Risk Childcare Nourishment	2/year	Yes
Indoor Pools and spas	3/year	No
Indoor Class B pools and spas (Institutional)	3/year	No
Safe Consumption Site Inspections	1/ year	Yes

Priority 2	Inspection Frequency	Meets OPHS
Childcare IPAC	1/year	Yes

Moderate Risk Premises with critical history	2/year	Yes
High Risk Food, General	2/year	No
Remainder of High-Risk Premises	2/year	No
Moderate Risk Food, General	1/year	No
High Risk PSS	1/year	Yes
Outdoor Pools and spas	2/year	Yes
Moderate Risk PSS	1/year	Yes

Priority 3	Inspection Frequency	Meets OPHS
Low risk food premises not inspected in past several years	1/year	No
Low Risk PSS not inspected in past several years	1/year	No
Remainder of Moderate risk premises	1/year	No
Before and After School Programs	1/year	Yes
Small Drinking Water Systems	1/year	Exceeds (no small drinking water systems are due in 2024)