Document 2 - Table of Recommendations and Current OPH Efforts to Respond

	Recommendations	Actions/Next Steps
1.	That the OPH Emergency Plan, the Ottawa Interagency Influenza Pandemic Plan (OIIPP) and the Continuity of Operations Plan be reviewed and revised to ensure that they are fit for purpose for a prolonged emergency such as the present pandemic or an extended climate emergency. Public health plans and responses should be complimented by health-care system preparation and responses.	OPH reviews its emergency plans on a yearly basis. This recommendation will be considered and discussed as part of that review. OPH continues to collaborate with health care system partners such as Ontario Health, Hospital Emergency Preparedness Committee of Ottawa, Ontario Public Health Emergency Managers Network, and the Champlain Hospital Response Committee.
2.	That OPH continue to collect socio-demographic data to assist in the equitable provision of services to the community. OPH should propose to Ontario that standard common socio-demographic data elements be developed which are applicable to the whole Province.	This commitment is reflected in Goal 3 of OPH's 2022-2023 Strategy - 'Advance and Monitor Population Health Through a Health Equity Lens'. There is organizational commitment to work towards collecting socio-demographic data (SDD) as part of core public health practice; and to engage broader health system partners to collectively identify barriers and to orient programs and services around communities with greatest need. Communications to the province are under development with partners.
3.	That OPH develop a policy for collaboration with research institutions during an emergency on projects that have direct utility in assessing or adapting a public health response. OPH should ensure that evaluation and related research is prioritized during an emergency.	A proposal is being developed as part of OPH's Recovery/Reimagine work to augment OPH's research and evidence generation capacity and will be considered as part of Recovery planning efforts in the Fall of 2022 and into 2023. Monitoring and evaluating is built into expectations for emergency responses. OPH will continue to engage in after-action reports, including corrective actions

		following every response as we gain insights from lessons learned.
4.	That OPH seek agreement with the Province regarding the timely sharing of Provincial risk assessments and intelligence to health authorities to enable local decision making.	Through the pandemic, relationships and communication channels have been established with various Provincial partners to streamline the sharing of information, including relevant risk assessments and epidemiological data from Public Health Ontario (PHO) and the Office of the Chief Medical Officer of Health (CMOH). OPH will continue to work with, and provide feedback to, provincial partners on the content and timeliness of providing information and analysis.
5.	That OPH, through the Chief Medical Officer of Health (CMOH) of Ontario, discuss with the Public Health Agency of Canada (PHAC) appropriate sharing of information when handing off responsibility for travellers who require follow-up under the Quarantine Act.	OPH has been in regular discussions with the CMOH to raise the challenges that have been experienced in the follow-up of travellers under the Quarantine Act and how these may be better addressed in the future.
6.	That OPH consider taking steps to develop an electronic system to manage cases of communicable diseases reportable under the HPPA, in addition to COVID-19, to replace the current paper-based system.	OPH had many lessons learned during the pandemic through the development and onboarding of our locally built Covid-19 Ottawa Database (COD) and the provincial Case and Contact Management system (CCM) for COVID-19. In coordination with provincial partners, OPH is applying these lessons towards the expansion of CCM to incorporate all diseases of public health significance (DOPHS) over the next two years. Additionally, the development of an OPH-wide Electronic Public Health Record (EPHR) will replace some paper-based processes; a phase 1 go-live date is planned for fall 2022 with a focus on:

		• Practice Management Solution for Clarence Street Clinic Operations • Practice Management Solution for Dental Clinic Operations • Stakeholder Registry for Community Operations • Expansion of electronic IPAC inspections • Expansion of provincial CCM system to include management of Adverse Events Following Immunization (AEFI)
7.	That OPH collaborate with Public Health Ontario to acquire information to better understand the potential for increased risks to food safety from changes in practice and modes of operation during the pandemic that might apply to businesses in Ottawa.	OPH will continue to promote food safety through surveillance, using a risk-based inspection approach, ongoing education and, as a final resort, progressive enforcement strategies. Further, OPH will work with local (i.e., restaurant/hotel associations, food safety owners/operators, Post-secondary institutions (PSIs), and provincial stakeholders (PHO, Association of Supervisors of Public Health Inspectors of Ontario, Canadian Institute of Public Health Inspectors)) to enhance communication to food owners/operators, enhance food safety knowledge, and to guide evidence-informed decisions related to food safety education and inspection practices.
8.	That OPH collaborate with the Ontario Health regional IPAC Hub to promote a response to increased expectations for IPAC support of congregate settings.	OPH continues to leverage and inform the regional IPAC Hub to build capacity and support continuous quality improvement of infection prevention and control practices across congregate living settings. As part of outbreak management, OPH works closely with congregate living settings' leadership/staff to support ongoing activities and wellness strategies during outbreaks. OPH continues to work with many supportive partners, including the

		Champlain Region Family Council Network and Residents' Councils, to address questions and concerns and to collaboratively seek opportunities for improvement to better support residents' needs
9.	That OPH and health care partners should consider how to ensure representative PCR testing to consistently monitor trends in SARS-CoV-2 infection, in order to identify and respond to a possible resurgence of cases of COVID-19 in the fall of 2022, and consideration should be given as to how to increase coverage of initial courses and boosters of COVID-19 vaccine when planning for a possible resurgence of SARS-CoV-2 in the fall of 2022.	OPH continues to work with Ontario Health, the CMOH and its partners to influence plans to maintain access to PCR testing, to continue understanding options for surveillance, as well as maintaining wastewater and other monitoring indicators for Ottawa in order to identify and respond to possible resurgence of cases. OPH is also planning to build on practices that promote vaccine uptake and anticipate provincial support to promote the bivalent vaccine as a new option for adults.
10.	That consideration be given to ensuring that extra expert capacity is available in a prolonged emergency to share the burden within certain units; for example, the Public Health Medicine Unit (PHMU), the Epidemiology team, and the Infection Prevention and Control program.	OPH reviews its emergency plans on a yearly basis, including its Continuity of Operations plan. In its emergency and Continuity of Operations plans, OPH will reflect the need to consider if additional employees and technical experts can be hired during prolonged emergency responses. Additionally, as part of OPH's recover and re-imagine work, proposals are under review at this time, which include assessments of additional expertise that may be needed as a baseline, given workload demands and the priority of controlling infectious diseases.
11.	That plans for continuity of operations in a long-term emergency include an analysis of the potential adverse effects of program reductions, e.g., on health protection, health promotion, health maintenance, the prevention of chronic disease, injury prevention, mental	OPH reviews its emergency plans on a yearly basis, including its Continuity of Operations plan. Each team is consulted annually on the impacts on population health outcomes of suspending their services for determined

	health, parenting, child health, dental health, substance use, sexually transmitted infections and tuberculosis and the human built environment.	periods of time, as they develop their respective program continuity of operations plan. This recommendation will also be discussed during that review with each program across OPH. For prolonged responses, OPH will include a recommendation in its Continuity of Operations plan, that it conduct a more formal analysis of potential population health outcomes and adverse events as a result of prolonged service disruptions.
12.	That staff undergo training to ensure that across the organization there is an understanding of the Incident Management System in the context of a large or prolonged emergency response.	There is an existing training plan for IMS roles. Training has resumed as OPH enters recovery activities and will engage current and emerging leaders in training activities for all IMS roles. There is mandatory training required of those in Duty Officer, EOC-CG and IMS response leadership roles.
13.	That consideration be given to how to best collaborate with family physicians, other physicians, and nurse practitioners in the community during a prolonged emergency, so that these health professionals are able to contribute effectively in the prevention and control of infection or other threats to health.	Building on the lessons learned during the pandemic, OPH continues to develop strategies to strengthen relationships and engagement with stakeholders and partners, including physicians, nurse practitioners, and other health professionals. Additionally, as part of our Recovery Roadmap, OPH is currently exploring mechanisms to expand the use of effective online channels to better communicate with our health professional partners. Some examples include developing new web content for health care professionals, in areas that are of most interest and use to them, as well as exploring more professional development opportunities for health care professionals.
14.	That OPH take steps to ensure that, in a prolonged emergency, human resources are a priority. In particular:	OPH reviews its emergency plans and its human resources plan on a yearly basis and

	• Leadership training should be enhanced to ensure that those who are asked to take on supervisory roles are equipped to do so.
	
	• The formal monitoring of performance is maintained.
	
	• Consideration be given to compensating managers for overtime after a specified number of hours has been worked.
	
	• Examining the relationship between the staffing unit and managers to expedite management of issues of:
	
	  ○ Scheduling of shifts,
	
	  ○ "burnout" and loss of staff,
	
	  ○ performance and perceived inequities in promotions.
		will incorporate expectations for best practices.
		
		• A new leadership development series for emerging leaders is being launched in the Fall of 2022. This work is being led by a new role at OPH, to ensure ongoing focus on leadership development. A focus on creating learning pathways for equity-deserving groups will influence future plans as well.
		
		• The use of a work scheduling tool during prolonged responses will assist with better overall tracking of employees' hours of work. The scheduling unit continues to function and OPH will assess the balance of support to Managers and empowering teams to follow best practices for scheduling themselves this fall.
		
		• Over the last six months, OPH has refocused its efforts on the OPH Wellness@Work plan to ensure that employee health and wellness remains a priority. Dedicated supports for wellness have been identified and specific leads from each team are working together to ensure that the Wellness@Work plan advances. This work includes monitoring trends in overtime, vacation and sick leave to better monitor workloads and any early signs of "burnout".
		
		• Compensation for OPH managers is outlined by the City of Ottawa's Terms and Conditions, so this recommendation will be shared with the City of Ottawa's General Manager overseeing compensation. OPH is committed to engaging the City of Ottawa and to learning from other public health units

		who implemented new compensation approaches aimed at recognizing extra-ordinary hours and a prolonged response. • HR processes will be reviewed, from recruitment through retention and development, with an equity, diversity and inclusion perspective and in compliance with applicable collective agreements. • Performance review process expectations continue to include regular 1:1 conversations between employees and supervisors, review of contributions compared to workplans and progress on personal development plans.
15.	That consideration be given to formalizing a “Thought Leaders” panel of independent experts to advise the MOH during on an ongoing emergency response.	As part of OPH’s recovery work, its Stakeholder Relations plan will be further developed this fall to assist in the establishment of a panel to support the Medical Officer of Health during prolonged emergency responses, as required.
16.	That, in addition to maintaining quality assurance and quality improvement programs, OPH should consider regular monitoring of the well-being of the community in relation to the adverse or positive consequences of public health policies and actions, for example, in the areas of mental health, economic status, and access to health or community support services. Monitoring should be done in collaboration and partnership with the affected communities.	During the pandemic, OPH developed a Community Engagement Team and sought regular feedback from populations facing greater barriers to health, such as through conversations and evaluation initiatives with organizations serving First Nations, Inuit and Métis people and newcomers. A robust Stakeholder Engagement Plan is under development with the Communications and Community Engagement team as well, recognizing the need for ongoing input from people of all ages with various health needs. These teams, working with Knowledge Exchange, Planning and Quality (KEP)Q, will consider plans for ongoing program evaluation to assess

		implementation effectiveness and reach, working with communities and partners.
17.	The future evolution of the COVID-19 pandemic is unpredictable. Surveillance and risk assessment programs will be fundamental to identifying recrudescence of the disease by providing or interpreting information on wastewater monitoring results, test positivity, ill health, admissions to hospital and mortality. It is predicted that the threshold for re-introduction of public health orders, e.g., requiring use of masks and the curtailing of business and social activities, will be high. Therefore, it is recommended that there be continued regular reporting of indicators of the level of community transmission which will promote awareness of COVID-19 and keep individuals, communities and decision makers informed if there is a need to revisit public health policies.	OPH continues to monitor data related to COVID-19. Working with our Communication and Community Engagement branch, OPH will continue to report data and update the public, such as with the COVID-19 dashboard, as well as provide assessment of the implications of changes in rates and risks to the Board of Health in public meetings, other stakeholders and decision makers, in the context of reporting on other measures of health and well-being.
18.	OPH is having to deal with the immediate crises of the COVID-19 pandemic, Monkeypox, toxic drug poisonings and the health effects of climate change while also responding to other continued threats to health in the areas of infectious diseases, chronic diseases, mental illness and injury. The response to future threats may need greater investments in surveillance and risk assessment, infection prevention and control, case and contact management of certain infectious diseases, outbreak investigation, food safety and immunization. These functions are prime responsibilities of public health authorities, although carried out in	OPH continues to engage with partners and stakeholders on all aspects of the services required in the Ontario Public Health Standards and the *Health Protection and Promotion Act*. OPH will review public health evidence, epidemiological data and local information to identify and highlight our communities' most pressing health needs and engage with our partners to help advance shared goals, priorities and actions. Operational planning and stakeholder engagement strategies will include the ongoing consideration of roles and responsibilities of OPH teams and their partners. Additionally, as part of OPH's recover and re-imagine work, proposals are under review at this time, which include

	partnership with the community, whereas, physical and mental health promotion, environmental health, reproductive, family and child health and occupational health are a shared responsibility with the health care sector, community services, schools, municipal provincial and federal authorities, and the private sector. Determinants of health and ill health are often beyond the realm of public health programs but are influenced by public health advice, guidance and pressure, e.g., tobacco, physical activity, diet, and the built environment. Therefore, it is recommended that OPH, in making program priorities, should carefully consider taking into account health issues which can be directly impacted by its programs, and those which it can most effectively impact through partnership and collaboration with communities.	reviewing how best to align resources to areas such as infectious diseases, infection prevention and control, and other health protection functions.