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GREY BRUCE HEALTH UNIT 2005

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1. Sexual Health and Sexually Transmitted Diseases	High school students Youth at risk General public	To promote healthy sexuality To reduce the incidence of and complications from all sexually transmitted diseases	<ul style="list-style-type: none"> Clinical services (including education & counselling on reproductive and sexual health choices, provision of low cost birth control, STD testing and treating, pregnancy testing and counselling) are provided at 7 high school sites as well as 4 community sites throughout Grey Bruce Management of positive STD cases and their contacts Incorporate family violence prevention strategies into clinics The need for a harm reduction strategy such as a needle exchange program is currently being assessed 	Bluewater School Board Family Violence Prevention Project Pharmacists Joint Addiction Advisory Committee	Denna Leach Sarah Stewart Deb Minielly
2. Preconception 2b. Prenatal Education Classes	High risk and aboriginal families with children 0-6 years/or planning a pregnancy. Expectant women and their support persons	<i>Early Childhood Development Project Promote Healthy Pregnancy Initiative</i> To increase awareness of the importance of a healthy pregnancy for high risk and aboriginal individuals living in Grey and Bruce Counties. 5-year comprehensive plan to raise awareness of health before and during pregnancy. The plan involves the following-social marketing, training, health education and counseling, policy change/development. The main objective of this plan is to research best practice models for preconception health counseling and develop a preconception clinic model for Grey and Bruce Counties. - Prenatal Education Classes provide expectant women and their partners with information about fetal growth and development, nutrition, labour and delivery, breastfeeding, infant brain development and preparation for parenting.	<ul style="list-style-type: none"> Preconception Clinic will be piloted at Saugeen First Nations Medical Clinic. Target group for clinic – high-risk aboriginal women planning a pregnancy. (100% Ministry funded - year 4/5 –2005) 20 prenatal series and workshops will be held for expectant women and their support persons throughout Grey and Bruce Counties in 2004. Prenatal persons are also invited to visit the interactive Public Health prenatal website to learn more about the pre and postnatal period. 	Reproductive Health Committee Aboriginal Communities Ontario Early Years Centres Physicians/Midwives	Sarah Stewart Marilyn Lemon Sarah Stewart Marilyn Lemon

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3. Immunization Clinics	Adults/ children	To reduce the incidence of vaccine preventable diseases. Ensure access of publicly funded and non-publicly funded vaccines to eligible individuals.	<ul style="list-style-type: none"> ● Enter and maintain 28,000 student records on a computer database, <i>Immunization Record Information System</i> (IRIS) ● Provide regularly scheduled community based immunization clinics. ● Provide meningitis school clinics at over 100 sites, offering the meningitis-C vaccine to 11,000 students. ● Provide routine immunization information to parents, health professionals, and the public. ● Provide education on the three new publicly funded vaccines. ● Provide immunization clinics at each of the 13 secondary schools annually ● Provide Hep B vaccinations to over 2,000 grade 7 students ● Provide community based influenza vaccination clinics annually ● Investigate all reported cases of vaccine events and report to Ministry as appropriate 	Day Care Facilities & School Boards School Boards School Boards Workplaces, pharmacies, physicians and other health care agencies physicians	Karen Sweiger Cathy Coburn Corrie Marshall
4. Travel – Immunization	Travellers	Promote immunization to reduce the risk of disease when traveling internationally.	<ul style="list-style-type: none"> ● Provide travel information, requirements, recommendations and immunizations based on computer-generated reports. ● Provide travel consultation. ● Provide immunization at Health Unit clinics. 	Residents of Grey and Bruce Physicians Travel Agencies	Karen Sweiger
5. Vaccine distribution	Physicians and their office staff Institutions Nursing Agencies	Ensure that provincially-funded vaccines are available to physicians as well as all long-term care facilities.	<ul style="list-style-type: none"> ● Educate health care providers in procedures for proper vaccine usage, storage and handling ● Ensure cold chain maintenance in 100 premises where vaccines are stored by inspecting at least annually. ● Investigate all cases of suspected vaccine wastage ● Meet data requirements for Ministry <i>Bioinventory System Protocol</i> (BIOS) 	Physician offices Long-term care facilities Jails	Karen Sweiger Kathryn Whitehouse Corrie Marshall Kathryn Whitehouse

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6. Dental Screening referral and follow up	Elementary School Children	<i>Dental Screening</i> To reduce the prevalence of dental diseases in children and youth. Data is collected and pooled with other health units. This data is used to monitor dental health and identify long term trends in dental disease, by counting the number of decayed, missing and filled teeth.	<ul style="list-style-type: none"> • Screening of all children in JK, SK and grades 2, 4, 6,8. • Screening of preschool children for referral to CINOT. 	Teachers Principals	Lou D'Alessandro Donna Clark Kathy Sled
Dental Screening referral and follow up	Elementary School Children	<i>CINOT – Children in Need of Treatment</i> To reduce the prevalence of dental diseases in children and youth. This provincially funded program covers treatment costs for children with urgent dental conditions and whose families have limited financial means and no access to dental insurance.	<ul style="list-style-type: none"> • Children identified through screening are referred for treatment. 	Dentists	
Dental Screening referral and follow up	Elementary School Children	<i>Fissure Sealants</i> To reduce the prevalence of dental diseases in children and youth.	<ul style="list-style-type: none"> • Children identified through the screening program who meet age and decay criteria for fissure sealants. * 	Teachers Principals	Lou D'Alessandro Donna Clark Kathy Sled
Dental Screening referral and follow up	Elementary School Children	<i>Individual Oral Hygiene Instruction</i> To reduce the prevalence of dental diseases in children and youth.	<ul style="list-style-type: none"> • One to one lessons are offered to students identified through the screening process who would benefit from individual instruction 	Teachers Principals	Lou D'Alessandro Melanie Daze Rose Bross-Allensen
Dental Screening referral and follow up	Elementary School Children	<i>Topical Fluoride Clinics</i> To reduce the prevalence of dental diseases in children and youth.	<ul style="list-style-type: none"> • Children identified through the screening process to be at high risk for smooth surface dental decay are offered topical fluoride. 	Teachers Principals	Lou D'Alessandro Donna Clark Kathy Sled

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HB/HC	High risk families expecting a baby or currently breastfeeding a baby.	<i>Healthy Beginnings Program</i> To support at risk families in the prenatal and lactation period with food vouchers. To support those who are at risk for low birth weight babies, isolation, depression or poor nutrition. A parent support group focused on healthy nutrition for mother and baby.	<ul style="list-style-type: none"> • Link HBHC clients to attend these groups as per calendar of groups and location. • Provide participants with the means to meet the increased caloric needs during pregnancy and lactation in order to ensure healthy pregnancy and healthy babies. HBHC nurses provide health teaching and Public Health dietician provides nutrition counseling and support. 	A partnership between the CPNP Program led by Bruce Grey Children's Services and the GBHU	Christie Webster Sharon Dinsmore
8. Home visiting	All new parents.	<i>Postpartum Program 48 hour call Home visit and assessment</i> To increase parenting confidence and knowledge by providing education, support and linkages to programs & services in the community.	<u>Postpartum contact (48 hour calls)</u> <ul style="list-style-type: none"> • 100% of families with a live birth receive a phone call within 48 hours of hospital discharge • New parents are contacted within 48 hours of their discharge from hospital. A telephone assessment is completed and the offer of a home visit by a PHN is made. <u>Home visit:</u> <ul style="list-style-type: none"> • 75% of families will receive a postpartum home visit within 2 weeks of discharge from the hospital. • Visit is usually made within 2 weeks, sooner or later depending on the assessment. 	Hospitals in Grey and Bruce Health Units outside of area forward information to us via fax.	Christie Webster
Home visiting	High risk families with children 0-6 years.	<i>Home Visiting Program for High Risk Families</i> To promote the optimal physical, cognitive, communicative, and psycho-social development in children who are at risk; improve child health and development; increased parenting confidence and knowledge; decreased parental stress and increased parental support; increased family integration into the community; increased integration of programs and services that support healthy child development.	<ul style="list-style-type: none"> • 12 % of families identified as * High Risk* following the in-depth assessment tool will receive ongoing, frequent and regular visits from public health nurse and the parent support worker. • 75% of families assessed at High Risk are referred to community partners in Grey Bruce. • Ongoing home visiting of high-risk families is provided by Parent Support Workers who offer support, role modeling and linkages to community supports. • Service Coordination is provided by a PHN or another professional whose service is most involved with the family. 	Let's Grow table of community agencies and organizations.	Christie Webster

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9. Communicable and Infectious Diseases Control	All age groups Infection control in hospitals and long term care facilities	To reduce morbidity and mortality associated with infectious diseases. To reduce morbidity & mortality associated with infectious diseases in institutions, day care centres and personal service settings.	<ul style="list-style-type: none"> ● Investigate/consult on reportable and non-reportable diseases as required. ● Investigate disease outbreaks – Institutional and Non Institutional. ● Investigate food poisonings. ● Respond to requests for grave disinterments ● Provide public health education to staff, groups, care providers and professionals. * ● Actively participate in local and provincial CD committees. ● Advise institutions & physicians of on-call number via PH notes/influenza binder/enteric binder. ● Participate in the CIOSC Surveillance program. ● Provide information and direction during emergency response situation i.e. power outages, SARS. ● Conduct infection control assessments for institutions, funeral homes, tattoo parlours/ear piercing, migrant labour accommodations, beauty salons/spas, hairdressers/barber shop, jewellery stores. ● Evaluate risk in the Personal Service Settings. * ● Actively participate in local and provincial IC committees/ IC teleconferences/teleclasses. ● Provide school surveillance and tracking. ● Promote the SARS/FRI program to insure that hospitals and long-term care facilities develop procedures to meet the “New Normal” screening and management of potential cases of SARS/FRI. Monitor the facilities to ensure compliance. * 	Infection Control Practitioners and Infection Control Committees in hospitals and long-term care facilities.	Susan Shular

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10. Rabies Control	All age groups	<p>To prevent the occurrence of rabies in humans</p> <p>To maintain the incidence of rabies at zero in the human population</p>	<ul style="list-style-type: none"> ● Will investigate animal exposures in accordance with Ontario Regulation 557 under the <u>Health protection and Promotion Act</u> ● Visually inspect the animal at time of notification and at the end of the isolation period ● Ensure that the animal is confined and that the person having custody of the animal is provided rabies information ● Will provide post-exposure anti-rabies treatment to physicians in the event of human exposure to rabies ● Will keep up-to-date statistics about the local prevalence in animal species ● Keep an up-to-date Raccoon Rabies Contingency Plan and provide a copy to the Minister of Health when requested ● Ensure compliance with Ontario Regulation 567 (rabies immunization) of dogs, cats and riding horses ● Provide rabies information to the public promoting compulsory rabies vaccination of cats and dogs. 	<p>Public at Large, MOHLTC, Canadian Food Inspection Agency (Health of Animals, Physicians, Ministry of Natural Resources, Veterinarians and local Humane Societies, Local Enforcement Agencies, Animal Control Officers and local municipalities</p> <p>Rabies Committee: Karen Sweiger, James Schmidt, Paul Kourtsidis</p>	Karen Sweiger

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11. Food Safety Investigation	All age groups Restaurants and other food preparation facilities	To improve the health of the population by reducing the incidence of food-borne illness To ensure that food is stored, prepared and distributed in a manner consistent with accepted public health practices To stop the sale or distribution or distribution of food that is unfit for human consumption by reason of disease, adulteration, impurity or other cause	<ul style="list-style-type: none"> Assess all food premises and determine their risk status based on Ministry HACCP protocol Inspect and conduct routine public health inspection of all food premises and update premise info on CISS (<i>High-risk</i> × 3, <i>Medium Risk</i> × 2, <i>Low Risk</i> × 1) Provide food handler training courses for high & medium risk premises Monitor and/or respond to all food recalls, alerts and notices Provide MOHLTC with local; food safety data Ensure compliance with Ontario Regulation 562 under the <u>Health Protection and Promotion Act</u> Will respond to food-related complaints based on a risk-assessment approach, and take appropriate action within 24 hours of notification of the food-related complaint Monitor and investigate food borne illnesses in the health unit area Ensure routine public health inspection of all special events or community events involving the service of food to the public Maintain an inventory of all Bed and Breakfast businesses in Grey Bruce and ensure that those that have 5 bedrooms or more are inspected on an annual basis 	Restaurant Owner/operators/staff, Public at Large, local businesses, MOHLTC, other health units and government agencies Food Safety Committee: Chris Munn, Jos Moerman, Kathy Cassidy, Arina Knorr, Sveto Milanopulus, Andy Barton, Trish Chapman, Carmen Broasca	Chris Munn
12. Tuberculosis Medication Distribution	All age groups	To reduce the incidence of tuberculosis.	<ul style="list-style-type: none"> Investigate/consult all reports of TB and follow up cases and contacts. Provide public health education on TB. Order and distribute anti-TB medication to hospital physicians, clients, etc. Participate in TB teleconference/teleclasses 	Public, physicians, institutions	Susan Shular Debbie Minielly
13. Well Baby Centres	New Parents with babies 0-1 year of age	<i>Healthy Baby Centres</i> To provide new parents with support and information and links to community resources. Parents of infants 0-6 months come together to learn about infant care, nutrition, safety, growth & development and have an opportunity to interact with other parents.	<ul style="list-style-type: none"> Healthy Baby Centres occur in Walkerton, Owen Sound, Hanover, Markdale, Kincardine, Port Elgin, Dundalk and Thornbury. Public Health Nurses provide health education focusing on topics such as infant safety, breastfeeding, growth and development, etc. 	Infant Development Physicians Local hospitals Ontario Early Years Centres	Sarah Stewart Doris Galbraith Monica Banz

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14. Smoking Cessation - Counselling Services - Workplace Policy	Adults in Grey and Bruce	<p><i>Smoking Cessation</i> The goal of the program is to reduce the number of adults who smoke daily. Information and education on the benefits and methods for quitting smoking and smoking cessation programs are provided based on the stages of change. No other organization or group provides smoking cessation groups in Grey Bruce.</p> <p><i>Workplace Policy</i>-Work with employers to support employee cessation and smoke-free workplace policies.</p>	<ul style="list-style-type: none"> • Provision of self-help materials, in person or by mail, geared to the stages of change • Individual smoking cessation brief counseling by telephone or in person • Group smoking cessation programs are provided throughout the year in various locations with follow-up support. • Offer workplace and service provider training and smoking cessation support groups. 		Linda Davies Ruth Ball
15. Health Hazard	All Municipalities	<p>To identify health hazards and take appropriate action.</p> <p>To ensure community health protection and continued public health services delivery in the event of a health hazard.</p>	<ul style="list-style-type: none"> • Provide an initial response or investigation when occurrence of disease or mortality higher than expected. • Identify, investigate and manage health hazards and monitor management strategies to ensure effectiveness by annual review of P & P's, analysis statistics and emerging issues. * • Provide advice to the community about health hazards when health hazards are identified. • Provide timely response to health hazards, within 24 hours upon receipt of complaint from public, MOHLTC, CFIA or other government or interested agency. • Routine public health inspection of recreational camps, arena's. • Investigation and response to emergency situations, natural or man-made disasters. • Provide appropriate response to possible, suspected or confirmed bioterrorism incidents. • Routine public health inspection of playgrounds in daycares by certified Public Health Inspectors. • Promotion of playground safety. 	Public/MOHLTC/ CFIA or other government or interested agency. Health Hazard Committee Members: Chris Munn, Angela Newman, Arina Knorr, Sveto Milanopulus, Jos Moerman, Karen Byars	Chris Munn

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16. West Nile virus	Hospitals All age groups	<p>To utilize data on bird mortality, as well as mosquito identification, associated with West Nile Virus as a means of early detection of WNV activity in Grey and Bruce Counties to predict the risk of human illness.</p> <p>To quickly detect human illness due to the West Nile Virus.</p> <p>To provide information to the public to increase their awareness of WNV and prevention strategies.</p>	<ul style="list-style-type: none"> ● Collect, assess and submit mosquitoes and larva for identification and testing. ● Track bird sightings and collections. ● Arrange meetings or committees with community partners to ensure consistent local approach to WNV. ● Provide current criteria for human surveillance to hospitals. ● Investigation and reporting of positive human cases of West Nile virus. ● Provide current data to health care professionals. ● Provide updated WNV information to the community through the media, our website and presentations. ● 	Municipalities, MNR, MOE, MTO, Conservation Authorities.	Susan Shular
17. Safe Water	All age groups Wells and drinking water systems	<p>To reduce the incidence of waterborne illness in the population, and to prevent drowning in specific recreational water facilities</p> <p>To ensure the community drinking water systems meet the health-related chemical, physical, microbiological and radionuclide objectives as published in the <i>Ontario drinking Water Standards and the Guidelines for Canadian Drinking water Quality</i>.</p> <p>To reduce communicable disease transmission from waters used for bathing at public: pools, spas, whirlpools, hot tubs, wading pools, and beaches</p> <p>To eliminate drowning in waters used for specific recreational purposes</p>	<ul style="list-style-type: none"> ● Monitor drinking water according to MOHLTC protocol ● Advise the community in meeting the objectives as outlined in the <u>Safe Water Act and Ontario Regulation 170/03</u> ● Respond to water-related complaints- Regulated systems. ● Respond to inquiries from owner/users of private water systems, interpret water analysis reports and provide information about health-related parameters ● Respond to complaints of adverse drinking water in a timely manner-same day assessment and initiation of action within 24 hours following receipt of a complaint 	<p>MOHLTC, MOE, other government agencies, public at large, owner/operators of water facilities</p> <p>Safe Water Committee: Lou D'Alessandro, Kate Cassidy, Sveto Milanopulus, Angela Newman, Brent Rothenberg, Dave Sled</p>	Lou D'Alessandro

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Safe Water	All age groups	<p>To reduce the incidence of waterborne illness in the population, and to prevent drowning in specific recreational water facilities</p> <p>To ensure the community drinking water systems meet the health-related chemical, physical, microbiological and radionuclide objectives as published in the <i>Ontario drinking Water Standards and the Guidelines for Canadian Drinking water Quality</i>.</p> <p>To reduce communicable disease transmission from waters used for bathing at public: pools, spas, whirlpools, hot tubs, wading pools, and beaches</p> <p>To eliminate drowning in waters used for specific recreational purposes</p>	<ul style="list-style-type: none"> Actively participate in local watershed/source protection initiatives Follow the requirements of the MOHLTC <i>Beach Management Protocol</i> Sample bathing beaches according to the protocol Set up an inspection protocol for Drinking Water Haulers Inspect public pools at least two times per year and no less than once every three months while operating to ensure compliance with <u>Ontario Regulation 565, Public Pools</u> Inspect public wading pools, at least two times per year and no less than once every three months while operating to ensure compliance with the <i>Standards for Public Wading Pools Protocol</i> Inspect Spas twice per year while operating to ensure compliance with <u>Ontario Regulation, Public Spas</u> 	<p>MOHLTC, MOE, other government agencies, public at large, owner/operators of water facilities</p> <p>Safe Water Committee: Lou D'Alessandro, Sveto Milanopulus, Lino Rossi, Paul Kourtsidis, Aaron Lemoing, Dave Sled</p>	Lou D'Alessandro
18. Tobacco TCA and By-law	Retailers Secondary Schools	<p>Annual Inspection of tobacco retailers</p> <p>Semi-annual inspections of tobacco retailers in violation</p> <p>Continued monitoring of serious tobacco retailer violations</p> <p>Compliance monitoring of all tobacco vendors 4 times per year.</p> <p>Enforcement of TCA in areas where tobacco smoking is prohibited</p> <p>Annual inspection of secondary schools</p> <p>Biennial inspection of elementary schools</p> <p>Biennial inspection of nursing homes</p> <p>Tobacco vendor education</p> <p>Respond to and follow-up to any other complaint/violation of the TCA</p> <p>Maintain and provide media statistics, news releases as required.</p> <p>Provide assistance to Health Canada at First Nations (upon request)</p> <p>By-law enforcement for both Grey and Bruce Counties</p>	<ul style="list-style-type: none"> Continued focus on tobacco enforcement and education at the secondary and elementary schools. Partnership with the schools Vendor education, surveillance and monitoring – 100% of all tobacco retailers. Promote the Health Unit as a resource for Tobacco cessation programs with particular attention to the work place. 	School boards, MOHLTC, Health Canada, other Health Units, Crime stoppers, local Police services	Linda Davies

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19. Child Restraint Inspection Clinics Service	Parents Grandparents Child care providers (across Grey Bruce)	To reduce the incidence of injury and deaths related to the improper use and installation of car seat restraints. Educate parents and caregivers on the selection and installation of child restraints in compliance with Canadian Motor Vehicle Safety Standards.	<ul style="list-style-type: none"> • 6 car seat safety clinics are scheduled periodically throughout the year in rotating locations throughout Grey and Bruce. • Volunteers and staff are trained annually. • Website information on choosing appropriate car seats for child age/weight/height. • Grandparents car seat education session – June 05. 	Infant Toddler Safety Association (ITSA) Bruce Power Local Car Dealerships Grey Bruce Hospitals Various Police Services of Grey Bruce Volunteer Inspectors Bruce Power Cooperators Insurance	Sarah Stewart Meghan Wilkie Louise Schenk

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