

Health Hazard Response Protocol, 2019

Ministry of Health and Long-Term Care

Effective: February 2019

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

The purpose of the Health Hazard Response Protocol is to provide direction on the investigation, assessment and management of mitigation strategies to prevent or reduce the burden of illness from potential, suspected, and/or identified health hazards. The approach outlined in this protocol is consistent with the investigative and scientific approaches used by other organizations, such as the Canadian Food Inspection Agency, for assessing public health risk.

Potential health hazards may exist in the natural and built environment (the environment) at the community level or in a variety of settings where the public has access or settings that target priority populations.

The approach outlined in this protocol should include communications and sharing of information and expertise with other government agencies and community partners that have similar mandates or roles in investigating and assessing environmental conditions in the community.

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Effective Public Health Practice

Requirement 9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Healthy Environment

Requirement 1. The board of health shall:

- a) Conduct surveillance of environmental factors in the community;
- b) Conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations; and
- c) Use information obtained to inform healthy environments programs and services in accordance with the *Health Hazard Response Protocol, 2018* (or as current); the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infectious Diseases Protocol, 2018* (or as current); and the *Population Health Assessment and Surveillance Protocol, 2018* (or as current).

Requirement 5. The board of health shall collaborate with community partners to develop effective strategies to reduce exposure to health hazards and promote healthy built and natural environments in accordance with the *Health Hazard Response Protocol, 2018* (or as current) and the *Healthy Environments and Climate Change Guideline, 2018* (or as current).

Requirement 8. The board of health shall assess and inspect facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards in accordance with the *Health Hazard Response Protocol, 2018* (or as current).

Requirement 9. The board of health shall investigate potential health hazards and respond by preventing or reducing exposure to health hazards in accordance with the *Health Hazard Response Protocol, 2018* (or as current).

Requirement 10. The board of health shall ensure 24/7 availability to receive reports of and respond to health hazards in accordance with the *Health Hazard Response Protocol, 2018* (or as current).

Operational Roles and Responsibilities

Health Hazard Prevention and Response Management

- 1) The board of health shall establish procedures to effectively investigate, assess, communicate and manage health hazard investigations. The procedures shall include methods for:
 - a) Risk assessment;
 - b) Identification of potential hazard prevention;
 - c) Monitoring and surveillance;
 - d) Management and response; and
 - e) Risk communication.

- 2) The board of health shall maintain an inventory or inventories of all Inspected facilities in the health unit as well as facilities where an investigation has occurred to assess potential or identified health hazards.

Surveillance and Risk Assessment

Risk assessment

- 1) The board of health shall conduct investigations and risk assessments of potential health hazards in the environment in consultation with relevant community and government agencies, ministries and experts, as appropriate, to assess the potential and/or known risks to human health and determine appropriate public health action.
- 2) The board of health shall conduct risk assessments by reviewing and analyzing the available scientific data and research findings and shall include, but are not limited to:
 - a) Assessing the hazard to determine potential acute and/or chronic health effects;
 - b) Assessing human health exposures through the identification of potential sources of the hazard, exposure routes, level and duration of exposure, number of people potentially exposed, and susceptible sub-populations; and
 - c) Assessing the level of risk to human health which can include but should not be limited to a comparison with available provincial, federal, or other exposure guidelines or standards, such as the Health Canada decision-making framework for identifying, assessing and managing health risks.³

Monitoring and surveillance

- 3) The board of health shall identify health hazards in the environment through the following activities:
 - a) Review and maintain evidence including relevant data on health hazards and exposures in the environment within the health unit provided by federal, provincial, local, or other government agencies;
 - b) Liaise, maintain and develop partnerships with community and relevant local, provincial, and federal agencies and/or stakeholders involved in addressing and mitigating potential health hazards through regular communications, committees or other forums to share expertise and information related to addressing potential health hazards in the community;
 - c) Conduct analysis and interpretation of the information collected to identify potential exposures and human health risks from health hazards in the environment; and
 - d) Follow-up on reports and/or complaints from the public.

Record keeping

- 4) The board of health shall maintain records of investigation activities related to potential health hazards in the environment within the health unit and maintain such records in accordance with the board of health's records retention schedule.

Management and Response

Inspection and investigation of potential public health hazards in the environment

- 1) For notifications, complaints and reports received by the board of health related to potential or identified health hazards in the environment, the board of health shall:
 - a) Conduct an a preliminary risk assessment and carry out inspections and/or investigations where appropriate as potential or identified exposures to health hazards arise within the health unit;
 - b) Implement necessary control measures to contain any potential or identified exposures to health hazards;
 - c) Collaborate and consult as appropriate with local, provincial, and federal government and agencies to investigate and assess health hazards, including joint investigations;
 - d) Respond to reports of a health hazard in the environment where another Government of Ontario ministry (i.e. Ministry of Labour (MOL), Ministry of the Environment and Climate Change (MOECC)) has primary responsibility in the matter, by carrying out the obligations under section 11 and 12 of the HPPA; and
 - e) Develop communication in partnership with relevant agencies as part of the management and response to potential/confirmed health hazards in the community and surrounding environment.²
- 2) Where an investigation of a potential health hazard involves two or more health units, the boards of health shall undertake coordination of findings, management and response strategies.

Inspection and investigation of health hazards in facilities

- 3) The board of health shall:
 - a) Conduct a minimum of one inspection per year for all recreational camps (as defined in the *Recreational Camps O. Reg. 503/17* under the HPPA) and camps in unorganized territory (as defined in the *Camps in Unorganized Territory, O. Reg. 502/17*) to determine compliance with the regulation;^{4,5}
 - b) Conduct inspections of boarding/lodging houses (as specified in section 10(2) of the HPPA) on a complaint basis. Where the board of health determines there is an elevated health risk specific to a boarding/lodging house, additional activities may be undertaken to reduce or eliminate the risk of exposure to health hazards;
 - c) Conduct annual inspections of homes for special care upon written request by the Ministry of Health and Long-Term Care for licensing purposes; and
 - d) Inspect other facilities with public access and/or that serve priority or vulnerable populations in situations where they may present an elevated risk of exposure to health hazards to the public or priority populations. These facilities may include, but are not limited to ice arenas, seasonal farm workers' housing, schools, child

care centres and other childcare facilities, shelters, and other facilities that may serve priority populations.

Enforcement actions and procedures

- 4) The board of health shall establish procedures to take action where a health hazard is identified and may pose a risk to human health. The procedures shall take into consideration:
 - a) Degree of health risk;
 - b) Size and characteristics of the population potentially exposed to the possible, suspect or identified health hazard;
 - c) Extent of previous contravention of the legislation, repeat and multiple infractions of the HPPA and applicable regulation;
 - d) Enforcement actions available under the HPPA;
 - e) Other enforcement options available through other government mechanisms (i.e. local municipal by laws); and
 - f) Efforts to investigate the potential health hazard in collaboration with Ministries which have primary jurisdiction (i.e. MOECC, MOL, Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA)).

24/7 on-call and response

- 5) The board of health shall have an on-call system for receiving and responding to reports of potential health hazards in the health unit on a 24 hours per day, 7 days per week (24/7) basis with respect to:
 - a) Incidents of adverse health effects, exposure to hazardous agents or materials, or other potential health hazards occurring in institutions, facilities, in the community or reported by a member of the public or government/community agency; and
 - b) Health hazards arising from floods, fires, power outages, heat and cold temperatures and other extreme weather events or other situations that may have, an adverse effect on the community.
- 6) The board of health shall assess reports with respect to exposure to hazardous agents, materials and factors influencing their occurrence that originate through the public health on-call system, and provide an initial response within 24 hours.

Disclosure

- 7) The board of health shall publicly disclose a summary report on each routine and complaint based inspection of Recreational Camps. Complaint based inspections are to be disclosed when:
 - a) The complaint is substantiated and upon conducting a risk assessment, the public health inspector has determined that the premises requires an on-site inspection ; and
 - b) A risk of transmission of disease(s) has been identified.

- 8) Reports:
- a) Shall be posted on the board of health's website in a location that is easily accessible to the public within two weeks of a completed inspection. Reports must be posted for two years.
 - b) Shall contain:
 - i) The type of premises;
 - ii) The name and address of the premises;
 - iii) The date of inspection;
 - iv) The type of inspection (e.g., routine, re-inspection, complaint based);
 - v) Inspection status (e.g., in general compliance, found to have minor infractions, infractions corrected on-site, critical infractions found requires re-inspection, other means of describing status based on existing disclosure programs);
 - vi) A brief description of any corrective measures to be taken;
 - vii) A brief description of any corrective measures taken (if applicable);
 - viii) The date all corrective measures were confirmed to be completed (if applicable); and
 - ix) Contact information of the board of health for more information.
 - c) Reporting requirements may be adapted to match the visual style of the board of health's website. Boards of health are encouraged to integrate the required content areas listed above into existing public disclosure programs.
 - d) Shall be compliant with relevant legislation, including the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA), the *French Language Services Act* (FLSA) (if applicable), the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and the *Personal Health Information Protection Act, 2004* (PHIPA). No personal information or personal health information shall be disclosed in a report.⁶⁻⁹
- 9) Where follow up inspections are required, the board of health shall post a subsequent report or amend the posted report with additional information and include the date(s) of the re-inspection(s) within two weeks from the date(s) or earlier as needed. The board of health shall also consider the urgency of the new relevant information, and whether a potential risk to the public exists if there is a delay in updating the public report(s).
- 10) Where enforcement actions result in the issuance of tickets, summons, or closures the board of health shall post the following information:
- a) Name and address of the premises;
 - b) Short form wording of the ticket or summons in accordance with the *Provincial Offences Act*; and
 - c) The date on which the ticket or summons was issued and date of conviction.

Glossary

Child Care Centre: A premises operated by a person licensed under the *Child Care and Early Years Act, 2014* to operate a child care centre at the premises.

Health Hazard: (a) A condition of a premise, (b) a substance, thing, plant or animal other than man, or (c) a solid, liquid, gas or combination of any of them, that has or that is likely to have an adverse effect on the health of any person (as defined in the HPPA).

Priority Populations: Priority populations are identified by surveillance, epidemiological, or other research studies based on local assessments. They are those populations that are at risk and for which public health interventions may be reasonably considered to have a substantial impact at the population level.

Risk: The probability of an adverse health outcome resulting from exposure to a hazard and the measure of the degree of hazard, defined as a combination of the probability and severity of adverse effects on organizational performance, health, property, the environment, or other things of value.

Risk Assessment: The scientific process that characterizes the potential risk of hazards to human health, consisting of four main steps: hazard identification, dose-response assessment, exposure assessment, and risk characterization.

Seasonal Farm Workers' Housing: A building used for housing accommodations for seasonal/migrant farm workers.

References

1. Ontario. Ministry of Health and Long-Term Care. Ontario public health standards: requirements for programs, services, and accountability, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/default.aspx
2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
3. Health Canada. Health Canada decision-making framework for identifying, assessing, and managing health risks [Internet]. Ottawa, ON: Health Canada; 2000 [cited 2017 Nov 23]. Available from: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/reports-publications/health-products-food-branch/health-canada-decision-making-framework-identifying-assessing-managing-health-risks.html>
4. *Recreational Camps*, O. Reg 503/17. Available from: <https://www.ontario.ca/laws/regulation/r17503>
5. *Camps in Unorganized Territory*, O. , Reg 502/17. Available from: <https://www.ontario.ca/laws/regulation/r17502>
6. *Accessibility for Ontarians with Disabilities Act, 2005*, SO 2005, c 11. Available from: <https://www.ontario.ca/laws/statute/05a11>
7. *French Language Services Act*, RSO 1990, c F.32. Available from: <https://www.ontario.ca/laws/statute/90f32>

8. *Municipal Freedom of Information and Protection of Privacy Act*, RSO 1990, c M.56. Available from: <https://www.ontario.ca/laws/statute/90m56>
9. *Personal Health Information Protection Act, 2004*, SO 2004, c 3, Sched. A. Available from: <https://www.ontario.ca/laws/statute/04p03>

