



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, December 9, 2021

9:30 AM

Please note: In an effort to help mitigate the spread of COVID-19, and to generally comply with the directions from the Government of Ontario, it is requested in the strongest terms that Members participate in the meeting electronically. Regional Headquarters is closed to the public, all members of the public may [view the Committee meeting](#) via live streaming, instead of attending the meeting in person. If you wish to register as a delegate regarding an agenda item, you may register in advance of the meeting by noon on the day prior to the meeting by emailing delegations@durham.ca and will be provided with the details to delegate electronically.

1. Roll Call

2. Declarations of Interest

3. Adoption of Minutes

- A) Health & Social Services Committee meeting –
November 4, 2021

Pages 5 - 12

4. Statutory Public Meetings

There are no statutory public meetings

5. Delegations

- 5.1 Jim Kerr, Courtice Resident, re: Concerns of parents and grandparents in Courtice regarding the mandatory vaccine for children aged 5 -12 years old

6. Presentations

- 6.1 R.J. Kyle, Commissioner and Medical Officer of Health, re: COVID-19 Update

7. Health

- 7.1 Correspondence
7.2 Reports

There are no Health Reports to consider.

8. Social Services

- 8.1 Correspondence

- A) Correspondence from the Municipality of Chatham-Kent dated November 10, 2021 regarding: Support Resolution from the Council of Huron County passed October 20th re: Homelessness Task Force

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Recommendation: Refer to Item 11. A) of Other Business

- 8.2 Reports

- A) Naloxone Administration in Income and Employment Support Offices (2021-SS-15)
B) Authorization to Extend the Existing Laundry Management Services Standing Agreement (C002104) with K-BRO Linen Systems (Ontario) Limited (2021-SS-16)

14 - 25

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9. Advisory Committee Resolutions

There are no advisory committee resolutions to be considered

10. Confidential Matters

There are no confidential matters to be considered

11. Other Business

- A) Correspondence from the Municipality of Chatham-Kent dated November 10, 2021 regarding: Support Resolution from the Council of Huron County passed October 20th re: Homelessness Task Force
-

Councillors Carter and Chapman gave Notice that the following motion will be presented at the December 9, 2021 meeting:

WHEREAS on November 8, 2021 the Council for the Municipality of Chatham-Kent supported the following resolution:

“THAT the County of Huron, due to the substantial increase in chronic homelessness not only in Huron County but across Ontario and Canada, requests the Province of Ontario and the Government of Canada to identify Homelessness a “Provincial” and “National Crisis” across the Province of Ontario and Canada.

AND FURTHER THAT the Province of Ontario and Government of Canada acknowledge that lack of resources to support addiction and mental health programs to be a leading cause of homelessness.

AND FURTHER THAT the County of Huron requests the Province of Ontario and Government of Canada to provide further financial support for housing and homelessness programs as well as increase funding to mental health and addiction services.”;

And whereas the Region of Durham has seen a significant increase in the incidence of homelessness since 2020 which has been highlighted by the COVID-19 pandemic;

And whereas the increase of homelessness is impacting the entire community both socially and economically;

And whereas the Region is responding to urgent homelessness issues with a cross-sector task force of key stakeholders that includes: the health sector, social services, law enforcement, community partners, local municipalities, and business groups and those with lived experience;

Now therefore be it resolved that the Region of Durham supports and endorses the November 8, 2021 Chatham-Kent resolution;

And further that the Province of Ontario and Government of Canada expedite meaningful measures to appropriately support local Service Managers and District Social Services Administration Boards address the immediate homelessness crises;

And further that the Province of Ontario create a cross-ministerial task force which would include the Ministry of Housing, Ministry of Health, Ministry of Children, Community and Social Services and Ministry of Finance in partnership with local Service Managers and District Social Services Administration Boards to create a fulsome strategy to address homelessness and the root cause of homelessness, mental health and addictions.”

12. Date of Next Meeting

Thursday, January 13, 2022 at 9:30 AM

13. Adjournment

Notice regarding collection, use and disclosure of personal information:

Written information (either paper or electronic) that you send to Durham Regional Council or Committees, including home address, phone numbers and email addresses, will become part of the public record. This also includes oral submissions at meetings. If you have any questions about the collection of information, please contact the Regional Clerk/Director of Legislative Services.

The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, November 4, 2021

A regular meeting of the Health & Social Services Committee was held on Thursday, November 4, 2021 in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:30 AM. Electronic participation was offered for this meeting.

1. Roll Call

Present: Councillor Chapman, Chair
Councillor Pickles, Vice-Chair
Councillor Anderson
Councillor Carter
Councillor Dies
Councillor Roy
Councillor Wotten
Regional Chair Henry
***all members of the Committee participated electronically**

Also
Present: Councillor Crawford
Councillor Mulcahy
Councillor Yamada

Staff
Present: E. Baxter-Trahair, Chief Administrative Officer
S. Danos-Papaconstantinou, Commissioner of Social Services
J. Gaskin, Manager, Wage Subsidy, Children's Services, Social Services
R. Inacio, Systems Support Specialist, Corporate Services – IT
R.J. Kyle, Commissioner and Medical Officer of Health
L. McIntosh, Director, Children's Services, Social Services
N. Prasad, Assistant Secretary to Council, Corporate Services – Legislative Services
K. Smith, Committee Clerk, Corporate Services – Legislative Services
***all staff except R. Inacio participated electronically**

2. Declarations of Interest

There were no declarations of interest.

3. Adoption of Minutes

Moved by Regional Chair Henry, Seconded by Councillor Dies,
(43) That the minutes of the regular Health & Social Services Committee
meeting held on Thursday, October 7, 2021, be adopted.

CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

5. Delegations

There were no delegations.

6. Presentations

6.1 R.J. Kyle, Commissioner and Medical Officer of Health, re: COVID-19 Update

Dr. Kyle, Commissioner and Medical Officer of Health provided a PowerPoint Presentation with regards to the COVID-19 Update. A copy of the presentation material was provided to members in advance of the meeting.

Highlights from the presentation included:

- Current Status
- Variants of Concern
- COVID-19 Vaccination Administration
- COVID-19 Vaccination Coverage
- Weekly Epi Stats – Vaccination Rates in Durham Region
- Weekly Epi Stats – Percent Positivity
- Weekly Epi Stats – Effective Reproduction Number
- Weekly Epi Stats – Vaccination Status
- Provincial Announcements
- COVID-19 Resources
- Support to Businesses and Organizations
- Current COVID-19 Vaccine Plan

R. J. Kyle advised that the fourth wave is being fueled by the Delta variant and that daily case counts are mostly in the single digits. He also advised that in terms of vaccination administration, as of October 8, 2021, through all the vaccine delivery channels, Durham Region exceeded over one million doses of COVID-19 vaccines being administered, and third doses are now being offered.

R.J. Kyle provided an overview of the vaccination coverage. He noted that for those aged 12 and up, we have now exceeded 86% for first doses and 83% for second doses; that workplace immunization policies being adopted has had an impact on the 18 to 39 demographics; and a new category has been added called “fully vaccinated with additional dose” to reflect those who have received a third dose.

R.J. Kyle provided an overview of the various provincial announcements regarding expanded booster eligibility; capacity limits for outdoor organized public events; and capacity limits in select indoor and outdoor settings where proof of vaccination is required.

R.J. Kyle outlined the support provided by the Health Department and Ministries to businesses and organizations in Durham Region. He also provided an overview of the current COVID-19 vaccine plan.

R.J. Kyle responded to questions regarding the rate of infection among unvaccinated residents; the importance of getting a third dose and getting the first dose for children aged 5-11; whether herd-immunity works; whether schools will be going back to full in-class learning; and, if residents should be getting the flu vaccine, and if there has been any reported cases of the flu yet.

6.2 Lisa McIntosh, Director, and Julie Gaskin, Manager, Early Learning, Children’s Services Division, re: The Children’s Services Division, Durham’s Early Years and Child Care Service System Manager Update (2021-SS-12) [Item 8.2 A)]

Lisa McIntosh and Julie Gaskin provided a PowerPoint Presentation with regards to The Children’s Services Division, Durham’s Early Year and Child Care Service System Manager Update. A copy of the presentation material was provided to members prior to the meeting.

Highlights from the presentation included:

- The role of Children’s Services Division
- Informed planning and engagement
- Canada-wide early learning and child care plan
- The ELCC Service System Plan Priorities 2018-2022
- Maximize funding support for licensed child care
- Reduce the waitlist for child care fee subsidy
- Increase, attract and retain high quality RECEs
- Fostering professional learning
- EarlyON Child and Family Centres
- Support and expand the licensed home child care sector
- Develop and implement a strategy to support children with special needs from birth to age 12
- Special Needs Resourcing

- Supporting Children with Special Needs

L. McIntosh advised that they are currently in year four of the five-year plan approved by Council, and that Children's Services is currently in the planning process for the 2023-2027 Service Plan. She stated that Children's Services is committed to reduce fees for preschool care by an average of 50% by the end of 2022, and have an average fee of \$10 per day for regulated child care by 2026.

L. McIntosh stated that the ELCC Service System Plan Priorities for 2018-2022 include maximizing funding support for licensed child care; reducing the waitlist for child care fee subsidy; increase, attract and retain quality Registered Early Childhood Educators; support and expand the licensed home child care sector; and, develop and implement a strategy to support children with special needs.

J. Gaskin stated that Children's Services provides system management and funding to five special needs resourcing agencies in Durham. She also stated that over 300 centres in Durham Region receive special needs resourcing services and provide access to over 20,000 children in child care.

J. Gaskin provided an overview of the special needs resourcing and how these services help to support educators and parents, so that children with special needs are supported.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

There were no Health Reports to consider.

Questions to Health

E. Baxter-Trahair responded to questions from Councillor Anderson with regards to the Regional COVID-19 Vaccination Policy.

R.J. Kyle responded to questions from Councillor Carter with regards to the Needle Exchange program and the harm reduction program for those suffering with IV drug use; and, opioid and overdose calls in Canada and Durham Region.

8. Social Services

8.1 Correspondence

There were no communications to consider.

8.2 Reports

A) The Children's Services Division, Durham's Early Years and Child Care Service System Manager Update (2021-SS-12)

Report #2021-SS-12 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Regional Chair Henry, Seconded by Councillor Carter,
(44) That Report #2021-SS-12 of the Commissioner of Social Services be received for information.

CARRIED

B) Sole Source Award to Arxium Innovation Pharmacy Solutions and Approval for Unbudgeted Capital to Purchase Automated Dispensing Cabinets for the Region of Durham's Long Term Care Homes (2021-SS-13)

Report #2021-SS-13 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Regional Chair Henry, Seconded by Councillor Carter,
(45) That we recommend to Council:

- A) That unbudgeted capital purchases for 2021 in the amount of \$190,048 for the purchase of Automated Dispensing Cabinets at each of the four (4) Long Term Care Homes be approved;
- B) That a sole source agreement with Arxium Innovation Pharmacy Solutions for the provision and maintenance of Automated Dispensing Cabinets at the Region of Durham's four (4) Long Term Care Homes be awarded at an estimated cost of \$190,048;
- C) That financing in the amount of \$190,048 for the purchase of the Automated Dispensing Cabinets be provided as follows:

Medication Safety Technology Program Funding	\$183,402
Available surplus from Long-term care operations	<u>\$ 6,646</u>
Total Financing	<u>\$190,048</u>

- D) That the Commissioner of Finance be authorized to execute the necessary agreements.

CARRIED

C) Unbudgeted Provincial funding from the Ministry of Long-Term Care for Increase in Staffing Hours and Supporting Professional Growth for the Four (4) Regional Municipality of Long Term Care Homes (2021-SS-14)

Report #2021-SS-14 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Regional Chair Henry, Seconded by Councillor Carter,
(46) That we recommend to Council:

- A) That the 2021 portion of unbudgeted ongoing Provincial funding from the Ministry of Long-Term Care (MLTC) in the amount of \$1,206,856 for the period of November 1, 2021, to December 31, 2021, be expended in accordance with the Long-Term Care Staffing Increase Funding Policy;
- B) That the 2021 portion of unbudgeted ongoing Provincial funding from the Ministry of Long-Term Care (MLTC) in the amount of \$45,433 for the period of November 1, 2021, to December 31, 2021, be expended in accordance with the Supporting Professional Growth Funding Policy;
- C) That approval be granted to increase the Long-Term Care and Services for Seniors Staffing Complement by sixty (60) new full-time positions effective November 1, 2021, and increase part time staffing costs to account for 24/7 operations coverage within the four (4) long-term care homes;
- D) That the increases in 2021 will be funded entirely from the additional Provincial base funding allocation as follows:
 - i) Four (4) Registered Nurses at an estimated 2021 cost of \$94,844 (annualized cost of \$569,066);
 - ii) Fourteen (14) Registered Practical Nurses at an estimated 2021 cost of \$219,387 (annualized cost of \$1,316,323);
 - iii) Thirty-two (32) Personal Support Workers at an estimated 2021 cost of \$418,582 (annualized cost of \$2,511,490);
 - iv) One (1) Occupational Therapist at an estimated 2021 cost of \$22,221 (annualized cost of \$133,327);
 - v) Eight (8) Recreation Programmers at an estimated 2021 cost of \$104,646 (annualized cost of \$627,874);
 - vi) One (1) Registered Dietitian at an estimated 2021 cost of \$21,636 (annualized cost of \$129,814);
 - vii) Increase in part-time hours for Nursing and Personal Care of \$282,722 to account for 24/7 operations and coverage (annualized cost of \$1,696,337);

- viii) Increase in part-time hours for Recreation Programmer of \$42,818 to account for 7 days per week programming (annualized cost of \$256,908); and
- E) That the unbudgeted base funding in the amount of \$45,433 to be used for the purpose of eligible staff training costs as outlined in the Provincial Supporting Professional Growth Fund Funding Policy.

CARRIED

Questions to Social Services

S. Danos-Papaconstantinou responded to questions from Councillor Pickles with regards to provincial funding for Long Term Care Homes and the Social Service Relief Fund. S. Danos-Papaconstantinou advised she would provide an update regarding the recent announcements for funding and whether any of the funding applied to the Region of Durham. S. Danos-Papaconstantinou stated she is aware of the wage announcement for Personal Support Workers and that it is temporary funding.

9. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

10. Confidential Matters

There were no confidential matters to be considered.

11. Other Business

There was no other business to be considered.

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, December 9, 2021 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

Moved by Councillor Roy, Seconded by Councillor Wotten,
(47) That the meeting be adjourned.

CARRIED

The meeting adjourned at 11:00 AM

Respectfully submitted,

B. Chapman, Chair

K. Smith, Committee Clerk

November 10, 2021

The Right Honourable Justin Trudeau,
Prime Minister
Justin.trudeau@parl.gc.ca

The Honourable Doug Ford,
Premier of Ontario
premier@ontario.ca

Honourable and Dear Sirs:

**Support Resolution from the Council of Huron County passed October 20th
re: Homelessness Task Force**

Please be advised the Council of the Municipality of Chatham-Kent at its regular meeting held on November 8, 2021 supported the following resolution:

“WHEREAS the County of Huron has established a “Huron County Homelessness Task Force” to address the rapidly increasing issue of homelessness in the County.

THAT the County of Huron, due to the substantial increase in chronic homelessness not only in Huron County but across Ontario and Canada, requests the Province of Ontario and the Government of Canada to identify Homelessness a “Provincial” and “National Crisis” across the Province of Ontario and Canada.

AND FURTHER THAT the Province of Ontario and Government of Canada acknowledge that lack of resources to support addiction and mental health programs to be a leading cause of homelessness.

AND FURTHER THAT the County of Huron requests the Province of Ontario and Government of Canada to provide further financial support for housing and homelessness programs as well as increase funding to mental health and addiction services.”

If you have any questions or comments, please contact Judy Smith at judys@chatham-kent.ca

Sincerely,



Judy Smith, CMO
Director Municipal Governance
Clerk /Freedom of Information Coordinator



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2021-SS-15
Date: December 9, 2021

Subject:

Naloxone Administration in Income and Employment Support Offices

Recommendation:

That the Health and Social Services Committee recommends to Regional Council:

- A) That authorization be provided for naloxone nasal spray kits to be purchased and made available in each Income and Employment Support office for a one-year pilot to assess utilization and effectiveness in having access to these kits permanently at an estimated cost of \$2,200 to be funded from the approved Social Services Business Plans and Budget; and
 - B) That authorization be provided to allow corporate Health and Safety training to be provided to First Aid certified personnel in Income and Employment Support Division (IESD) and Business Affairs and Financial Management (BAFM), on a voluntary basis, to administer naloxone to counteract the effects of an opioid overdose at an estimated cost of \$805 to be funded from the approved Social Services Business Plans and Budget.
-

Report:

1. Purpose

- 1.1 The purpose of this report is to obtain approval to complete a one-year pilot involving the availability of naloxone nasal spray kits within each office, with a review of the pilot to take place in 12 months from the launch to determine if the on-going stocking of naloxone in the office is of value to staff and clients; and to train voluntary First Aid certified personnel in the workplace on the administration of nasal spray naloxone when there is a suspected opioid overdose.

2. Background

- 2.1 Since 2017, Income and Employment Supports Division offices have experienced an increase in interactions with clients who present as being under the influence of drugs and/or alcohol.
- 2.2 To date, at least one overdose due to assumed opioids has occurred inside of an Income and Employment Support Office, with many others being witnessed by staff occurring off-site but adjacent to the office.
- 2.3 As a result of these interactions, staff in the frontline Income and Employment Support offices as well as outreach workers in the community have requested that naloxone be available in the office as a precautionary measure to circumvent possible future overdose deaths.
- 2.4 Subsequently, a working group was formed to review the possibility of a pilot project with naloxone. This group consisted of members from Income and Employment Support, Human Resources (Labour Relations), Health Department, Finance – Risk Management, and Corporate Health and Safety. Additional information was provided to the working group by the Region of Durham's Legal Department.
- 2.5 Beyond what has been witnessed by frontline staff, statistics show that the number of opioid related deaths of Region of Durham (Durham) residents has steadily increased between 2013-2019. The annual rate of confirmed emergency room visits by Durham residents due to opioid overdose has also increased in this same period and is greater than the annual Ontario rate.¹
- 2.6 Region of Durham Paramedic Services has reported an increasing trend of the number of suspected opioid overdose calls received, which went up to 127 calls monthly in August 2021. The majority of those calls initiated from the City of Oshawa.²
- 2.7 In response to an increase in drug overdose deaths in Canada, in January 2016, Health Canada amended the prescription drug list to allow non-prescription use of naloxone, which allows the administration of the drug in opioid emergencies outside of a hospital setting.³

1,2 [Durham Region Opioid Information System](#)

3 [Health Canada Statement on Change in Federal Prescription Status of Naloxone Notice: Prescription Drug List \(PDL\): Naloxone Qualifier Change](#)

3. Voluntary Training to First Aid Certified Employees to Administer Naloxone

- 3.1 Naloxone is now available as a nasal spray (name brand Narcan) which has increased the ease of use. The kits contain two doses of the drug in a nasal spray format, an information pamphlet, and a breathing barrier which is to be used when performing Cardiopulmonary Resuscitation (CPR). During the current COVID-19 pandemic, no breaths are provided during CPR.
- 3.2 Naloxone administration training is a component of the Heart Saver Automated External Defibrillators (AED) course. This course outlines the first aid response for an overdose which includes identification, calling for emergency medical assistance, administration of naloxone, CPR and AED, specific safety issues that may occur and what to do if the person does not start breathing or stops again once the naloxone has been administered.
- 3.3 This training will be completed, on a voluntary basis, by employees in IESD and BAFM that currently hold First Aid certification and are listed as such in each Income and Employment Support office.
- 3.4 Each Income and Employment Support office always has First Aid certified staff in at all times to ensure that office operations are occurring in compliance with Occupational Health and Safety legislation and the regional program.

4. Naloxone Stops an Opioid Overdose

- 4.1 Naloxone is a fast-acting drug used to temporarily reverse the effects of an overdose of opioid drugs including morphine, heroin, methadone, fentanyl, and oxycodone.
- 4.2 Naloxone works by turning off the opioid receptors in an individual's brain, blocking them from the opioid, and in turn reversing the effects of the opioid on the individual's body.
- 4.3 Naloxone does not reverse or counter the effects of an overdose from other drugs such as alcohol, benzodiazepines (Valium, Xanax, etc.), or psychostimulants (cocaine, amphetamines, etc.).
- 4.4 Administering naloxone to an individual who is not experiencing an opioid overdose will not cause them harm.

5. Risks of Administering Naloxone to Persons

- 5.1 The development of naloxone in a nasal spray format has decreased the risks associated with the prior administration format of an injection by reducing the risk of an accidental needle prick for the person administering the drug.
- 5.2 Potential risk to the employee could occur after the administration of naloxone as it immediately halts the effects of the opioid(s).

- 5.3 Employees may be at risk of physical harm as a result of an individual experiencing an acute opioid withdrawal which can induce pain, distress, agitation, and aggression as a result of the individual receiving naloxone.
- 5.4 Employees may be exposed to biological material as withdrawal symptoms can include convulsions, nausea, vomiting and diarrhea.
- 5.5 Employees will be made aware of all risks including to the exposure of an opioid drug during training.
- 5.6 Employees involved in administering naloxone and effectively responding to the individual that has overdosed may be a traumatic event for employees and should be debriefed post-incident.
- 5.7 IESD internal policies on Workplace Violence and Reporting Incidents will be followed for all suspected opioid overdoses where naloxone was administered. In addition, a policy will be implemented that addresses the administration of naloxone.

6. Supplying Naloxone in Income and Employment Support Offices

- 6.1 Naloxone is temperature sensitive and requires storage between 15°C and 25°C which can be accomplished in all Income and Employment Support offices.
- 6.2 Naloxone kits have a shelf life of 12 to 18 months. Therefore, one supply order of these kits will not expire during the timeframe of the pilot.
- 6.3 Naloxone kits will be stored in a secure location in a separate container at the front reception of all five of the Income and Employment Support offices.

7. Financial Implications

- 7.1 The cost to train employees with First Aid certification is \$23 per person. This includes the registration fee and a textbook which will be provided to regional staff. There are currently 35 employees with First Aid certification that could elect to receive this further training, therefore the total cost for all these employees to receive training is up to \$805.
- 7.2 The cost of one naloxone kit is \$110.
- 7.3 A standard of four kits will be implemented in each of the five IESD offices during the pilot period. Once a kit is used, a replacement kit will be ordered.
- 7.4 The initial start up costs to run the pilot will be \$3,005 to cover training and initial kits purchases. Actual pilot costs will depend on how often the naloxone kits are used and the in-office supply is required to be replenished. It is anticipated that the cost of the pilot program can be funded with in the approved Social Services Business Plans and Budget.

8. Relationship to Strategic Plan

8.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:

- a. Goal 2: Community Vitality – To foster an exceptional quality of life with services that contribute to strong neighbourhoods, vibrant and diverse communities, and influence our safety and well-being.
- b. Goal 4: Social Investment - To ensure a range of programs, services and supports are available and accessible to those in need, so that no individual is left behind.

9. Conclusion

- 9.1 Death from an opioid overdose is preventable. Calling 911 for emergency services will always be the first step when responding to an individual that presents signs of an overdose.
- 9.2 Training staff and having naloxone available to administer during an overdose is taking proactive measures to minimize the damages caused by an overdose and potentially save a life.
- 9.3 At the conclusion of the pilot, IESD will report back to Committee and Council with results on the utilization and effectiveness of these kits to aid in determining if a permanent program should proceed.

10. Attachments

Attachment #1: IESD Policy 12-12 Reporting Incidents

Attachment #2: IESD Policy 12-16 Workplace Violence

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



Regional Municipality of Durham

Social Services

Income and Employment Support Division Policy Manual

Title: Reporting Incidents	
Policy #: 12-12	Page #: 1 of 2
Effective Date: April 2018 2020	Reviewed Date: November

1. Guiding Authority

- 1.1 [Occupation Health & Safety Act \(OHSA\)](#)
- 1.2 [Workplace Safety and Insurance Act \(WSIA\)](#)

2. Associated Policies

- 2.1 [Policy 12-13 on Local Health and Safety Committee](#)
- 2.2 [Corporate Policy 7.90 on Occupational Health & Safety Administration Policy](#)

3. Related Resources

- 3.1 [Emergency Response Handbook](#)
- 3.2 [Corporate Occupational Incident Report Form](#)

4. Overview

- 4.1 This policy provides information on how incidents are reported within the Income and Employment Support Division.

5. Reporting Incidents - Purpose

- 5.1 Reporting incidents, regardless of scale, is important to:
 - identify the root cause(s) of the accident/incident/illness/event
 - prevent similar events in the future
 - facilitate timely and accurate reporting of the incident details; and
 - to maintain compliance under the [Occupation Health & Safety Act](#) (OHSA) and the [Workplace Safety and Insurance Act](#) (WSIA).

6. Definition of an Incident

- 6.1 A situation where someone demonstrates behaviour which is disruptive, threatening or dangerous to staff or the general public and/or causes property damage is defined as an incident.
- 6.2 Accidents and incidents have several levels of severity. As per the Occupation Health & Safety Act Regulations the following definitions have been compiled:
 - Critical Injury: an occupational injury of a serious nature that:
 - Places life in jeopardy, or

- Produces unconsciousness, or
 - Results in substantial loss of blood, or
 - Involves a fracture of a leg or arm, but not a finger or toe, or
 - Involves the amputation of a leg, arm, hand or foot, but not a finger or toe, or
 - Consists of burns to a major portion of the body, or
 - Causes the loss of sight in an eye
- Major Injury: an occupational injury or illness that results in medical attention and may include absence from work beyond the date of occurrence.
 - Minor Injury: an occupational injury or illness that may require first aid (not medical attention or lost time).
 - Near Miss/Property Damage: an event that could have, under slightly different circumstances, resulted in injury or illness to a worker or damage to property (i.e. buildings, Regional vehicles).

7. Responding to an Incident

7.1 Employees are responsible to:

- Report all occupational injuries, illness, and near misses/property damage immediately to a supervisor
- Complete the Worker Section of the [Occupational Incident Report Form](#) if involved in an incident and forward to a supervisor. This form is not to be placed in the applicant or recipient's file.
- Allow themselves a break or time to discuss your feelings/concerns
- If required, return forms completed by a health care practitioner to the supervisor or designate

7.2 Supervisors are responsible to:

- Secure the accident/incident scene
- Provide immediate emotional support to the staff member and offer counseling through the Employee Assistance Program if warranted
- Determine how the incident will be reported. At the supervisor's discretion, minor incidents (i.e., scratch, pinch, bump) can be recorded on a first aid log versus the Employee Report
- If required, complete the Supervisor Section of the [Occupational Incident Report Form](#) once received from the employee involved in the incident
- If required, provide appropriate first aid and transportation to the nearest medical care facility
- If required, provide a [WSIB Functional Abilities Form](#) and appropriate departmental forms to the worker, for completion by the treating health care practitioner
- Follow appropriate absence reporting procedures if the worker will be off work beyond their next regularly scheduled shift

8. Reporting Procedure

- ### 8.1
- Following an incident the supervisor will make a determination if the [Occupational Incident Report Form](#) is required.

- 8.2 If required, the employee(s) involved in the incident and the investigating supervisor will complete all required sections of the reporting form and will forward a copy to Human Resources and the Joint Health and Safety Committee Chair(s) within one business day.



Regional Municipality of Durham

Social Services

Income and Employment Support Division Policy Manual

Title: Workplace Violence	
Policy #: 12-16	Page #: 1 of 4
Effective Date: October 2018	Revised Date:

1. Guiding Authority

- 1.1 [Corporate Policy 8.20 on Workplace Violence Prevention](#)
- 1.2 [Corporate Policy on Workplace Violence Prevention Program](#)
- 1.3 [Corporate Policy on Occupational Incident Reporting Program](#)

2. Associated Policies

- 2.1 [Policy 12-1 Special Cautions](#)
- 2.2 [Policy 12-2 Trespass Notices](#)
- 2.3 [Policy 12-3 Harassing Comments by Participants](#)
- 2.4 [Policy 12-7 Office Safety Procedures](#)
- 2.5 [Policy 12-9 Dealing with Difficult Individuals](#)
- 2.6 [Policy 12-11 Safety Precautions for In-Office Interviews](#)
- 2.7 [Policy 12-12 Reporting Incidents](#)
- 2.8 [Policy 12-13 Local Health and Safety Committee](#)
- 2.9 [Policy 12-14 Contacting Police](#)
- 2.10 [Policy 12-15 Emergency Office Procedures](#)

3. Related Resources

- 3.1 [Guideline for Situations Involving Domestic Violence](#)
- 3.2 [Client Incident/Service Plan](#)
- 3.3 [Domestic Violence – Safety Plan](#)
- 3.4 [Occupational Incident Report](#)

4. Overview

- 4.1 The purpose of this policy is to outline departmental procedures of handling workplace violence prevention and reporting.
- 4.2 To ensure all staff are aware and understand their roles and responsibilities in workplace violence prevention and reporting.
- 4.3 To ensure all incidents or complaints of workplace violence are reported in a timely manner.

- 4.4 To ensure precautions are taken in the workplace to protect staff from workplace and domestic violence.

5. Workplace Violence Risk Assessment

- 5.1 A Workplace Violence Risk Assessment is to be completed annually for each IESD office and updated after a workplace violence incident.
- 5.2 A copy of the completed assessment(s) must be forwarded to the Corporate Health, Safety and Wellness department each time that it is updated.

6. Roles and Responsibilities

- 6.1 Appointed office representatives will complete the annual Workplace Violence Risk Assessments and update as necessary after an incident occurs.
- 6.2 Area Managers and supervisors will need to understand and be in agreement with the completed assessment.
- 6.3 A copy will be provided to the Local Health and Safety Committee for feedback and the final copy will be posted on safety board.
- 6.4 The Local Health and Safety Committee will review the Workplace Violence Risk Assessment(s) and provide recommendations to management to reduce the risk of violence.
- 6.5 The Workplace Violence Risk Assessment will be forwarded to Corporate Health, Safety and Wellness department following an update.
- 6.6 The Local Health and Safety Committee will review Occupational Incident Reports and respond to any employee concerns related to workplace violence and advise management of these concerns.
- 6.7 It is the responsibility of all staff to participate in training programs that will enable them to respond appropriately to an incident of workplace violence.
- 6.8 It is the responsibility of all staff to report to their supervisor any incident where an employee is subjected to, witnesses or has knowledge or reason to believe that workplace violence may occur/occurred.
- 6.9 It is the responsibility of all staff to cooperate in all investigations of workplace violence.

7. Workplace Violence – Public Incidents

- 7.1 If a member of the public, resident or client makes a threat of, or commits an act of physical violence, remove yourself from the situation immediately if you are safely able to do so. Safety panic alarms should be activated if possible.
- 7.2 If necessary and safe to do so, evacuate the area to ensure personal safety, and the safety of others in the surrounding area.
- 7.3 Once you have removed yourself from the situation speak with a supervisor.
- 7.4 Notifying Police, Paramedic Services or a designated First Aid responder may be a required reaction to an incident of workplace violence.
- 7.5 In incidents of assault/attempted assault, threats of violence or sexual harassment Police will be contacted. Please see [policy 12-14 Contacting Police](#)

- 7.6 An [Client Incident and Service Plan](#) is to be completed for all workplace violence involving members of the public, residents or clients within 24 hours of the incident.
- 7.7 An [Occupational Incident Report](#) must also be completed if the incident resulted in health care and/or lost time within 24 hours of the incident.
- 7.8 Where a person is disabled from performing his or her usual work or requires medical attention because of an incident of workplace violence but no person dies or is critically injured, written notification to the applicable Corporate Health, Safety and Wellness representative shall occur within 4 days of the incident being reported. If a person is critically injured, notification to the Corporate Health, Safety and Wellness representative and Ministry of Labour shall be carried out immediately by telephone or other direct means. Please see the [Occupational Incident Reporting Program](#) for more information.
- 7.9 For incidents involving a client, a Client Incident and Service Plan (CSIP) and Special Caution must be completed and placed on client file.
- 7.10 If a trespass notice is warranted, please see [policy 12-2 Trespass Notices](#) for procedures.
- 7.11 Employees involved in an incident of workplace violence may be offered the following:
- Debriefing by a skilled professional
 - Referrals to the employee assistance program and community agencies
 - Reassigning of staff to appropriate alternate work on a temporary basis

8. Workplace Violence – Employee to Employee

- 8.1 An employee is encouraged to report all incidents to their supervisor and/or manager. Where the employee's supervisor and/or manager is alleged to have committed the act of violence, the employee should report the incident to the next level of management.
- 8.2 An employee can file a written complaint to the Director, Human Resources Departmental Services or designate.
- 8.3 The process for filing a complaint is outlined in section 4.06 of the [Corporate Policy on Workplace Violence Prevention Program](#).

9. Workplace Violence – Domestic

- 9.1 Employees are to report their concerns to their supervisor if they fear domestic violence may enter the workplace. This may include but is not limited to a partner, spouse, friend or relative.
- 9.2 These reports will be reviewed once a year.
- 9.3 Managers and supervisors are to ensure that reasonable precautions are taken in the workplace to protect employees from the risk of domestic violence in the workplace.
- 9.4 Employees in conjunction with their supervisor will complete the [Domestic Violence – Safety Plan form](#).
- 9.5 This Safety Plan will be completed and information regarding the plan will be shared as appropriate.
- 9.6 A printed copy of the Safety Plan will be placed in the Trespass Notice binder at front counter within the Safety Plan folder.

- 9.7 The employee's supervisor will need to advise a Health and Safety manager in Human Resources that there is an employee that has a safety plan in place, but they do not need to be aware of who the employee is or the specifics of the plan.

10. Training

- 10.1 Corporate Health, Safety and Wellness staff will provide training on the legislation and Workplace Violence Prevention Program.
- 10.2 Managers and supervisors are responsible to provide training on specific safe workplace practices, procedures and emergency procedures.



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2021-SS-16
Date: December 9, 2021

Subject:

Authorization to Extend the Existing Laundry Management Services Standing Agreement (C002104) with K-BRO Linen Systems (Ontario) Limited.

Recommendation:

That the Health and Social Services Committee recommends to Regional Council:

- A) That a single source extension be authorized to extend the standing agreement (C002104) with K-BRO Linen Systems (Ontario) Limited on the same terms and conditions at an estimated cost of \$493,000, to be funded from the annual Social Services Business Plans and Budget, for a six (6) month term from November 1, 2021 to April 30, 2022 for the supply and delivery of laundry management services to the Region of Durham's four (4) Long-Term Care Homes in order to develop the necessary scope of work to facilitate a competitive bid process; and
 - B) That the Commissioner of Finance be authorized to execute any related, required agreements and amendment agreements.
-

Report:

1. Purpose

- 1.1 The purpose of this report is to seek approval to extend the standing agreement (C002104) with K-BRO Linen Systems (Ontario) Limited for a period of six (6) months at an estimated cost of \$493,000.

2. Background

- 2.1 The Region of Durham currently secures the laundry management services for the four (4) Long-Term Care (LTC) Homes from K-BRO Linen Systems (Ontario)

Limited. This standing agreement was originally established under Request for Proposals RFP-423-2011 for a three (3) year term with an option to extend for an two (2) additional one (1) year terms. There were a series of further extensions to October 31, 2021, under the same terms and condition. Current annual expenditures are approximately \$968,000. Sufficient funds are budgeted annually in the LTC Homes' operating budgets.

- 2.2 A competitive bid process is required as the Region has not issued an RFP for the provision of this service since 2011. Accordingly, the Long-Term Care and Services for Seniors Division, with the assistance from the Finance Department is developing an RFP for the supply and delivery of laundry management services to the Region of Durham's four (4) LTC Homes.
- 2.3 In order to have sufficient time to develop the scope of work and to prepare and execute the RFP, a six (6) month extension of the existing standing agreement is required so that the provision of this required service to the Homes is uninterrupted.

3. Previous Reports and Decisions

- 3.1 In November 2011, Regional Council approved Report #2011-LTC-24, awarding the Request for Proposal-423-2011 for the provision of linen and laundry supply services to the Region's four (4) Long-Term Care homes for an initial three (3) year terms with the option to extend the contract for up to two (2) additional one (1) year extensions.
- 3.2 The standing agreement was extended for three (3) additional one (1) year terms followed by shorter extensions of five (5), two (2) and three (3) months, ending October 31, 2021.

4. Financial Implications

- 4.1 Section 7.1 of the Purchasing By-law 16-2020 allows for the negotiation of purchases.
- 4.2 Section 7.2 of the Purchasing By-law 16-2020 allows for the limited tendering of purchases to be permitted for additional deliveries by an original supplier for services where a change of supplier would cause significant inconvenience or substantial duplication of costs.
- 4.3 The supply and delivery of laundry management services is included in the annual Business Plans and Budget for the four (4) LTC Homes. Based on current expenditures, this six (6) month extension is estimated to be valued at \$493,000.

5. Relationship to Strategic Plan

5.1 This report aligns with/addresses the following strategic goals and priorities in the Durham Region Strategic Plan:

- a. Goal 5: Service Excellence – To provide exceptional value to Durham taxpayers through responsive, effective, and fiscally sustainable service delivery.

6. Conclusion

- 6.1 It is recommended that a single source extension be authorized to extend the standing agreement (C002104) with K-BRO Linen Systems (Ontario) Limited on the same terms and conditions at an estimated cost of \$493,000, to be funded from the annual Social Services Business Plans and Budget, for a six (6) month term from November 1, 2021 to April 30, 2022 for the supply and delivery of laundry management services to the Region of Durham's four (4) Long-Term Care Homes in order to develop the necessary scope of work to facilitate a competitive bid process.
- 6.2 This report has been reviewed by the Finance Department and the Commissioner of Finance concurs with the financial recommendation.
- 6.3 For additional information, contact: Laura MacDermaid, Director, Long Term Care and Services for Seniors at 905-668-7711, extension 2704.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer