

REQUEST FOR PROPOSALS
PROJECT No. 2023 - 02 Strategic Planning
Huron Perth Public Health

CLOSING DATE AND TIME:
April 7, 2023 – 4:00 hours EST

LOCATION:
Huron Perth Public Health
653 West Gore Street, Stratford, ON Canada, N5A 1L4

Julie Pauli
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Issued: March 6, 2023

RFP for Strategic Planning Consultant

Huron Perth Public Health (HPPH) is seeking an experienced consultant to guide the Board and staff in a strategic planning exercise, as well as the development of an operational plan.

This 3 - 4 year Strategic Plan will:

- Establish strategic priorities for the organization that address local contexts and integrate local community priorities while also fulfilling the public health mandate in accordance with the *Ontario Public Health Standards and Health Protection and Promotion Act*
- Be aligned with existing HPPH mission, vision, and values
- Consider organizational capacity
- Consider policy direction regarding a performance management and quality improvement system

The Operational Plan (to operationalize the strategic plan) will:

- Outline organizational objectives, including goals, strategy, activities, performance indicators, resources and responsibility assignment, and monitoring plan
- Ensure equity is embedded in the delivery and outcomes of programs and services

What Is HPPH?

HPPH is a publicly funded local public health agency, governed by an autonomous Board of Health, that provides public health programs and services, in accordance with the *Health Protection and Promotion Act* and the *Ontario Public Health Standards*, to 4 upper tier municipalities - Huron County, Perth County, Town of St. Marys and City of Stratford.

The Board of Health for HPPH consists of nine elected municipal representatives (4 appointed by the County of Huron, 2 appointed by the County of Perth, 1 appointed by the Town of St. Marys, and 2 appointed by the City of Stratford), and currently, two provincial appointees. A Management Team of 17, which includes the Medical Officer of Health and five-person Senior Leadership Team, oversees the provision of public health services and direction to more than 146 full- and part-time staff members.

Our Community

HPPH serves a community which covers > 5600 km², serving a mostly rural population of > 136,000; the largest centre being the City of Stratford (pop 31,465) and the next largest the Town of Goderich (pop 7628). Most of Huron Perth is considered prime agricultural land, and HPPH also receives many visitors - particularly to the long shoreline and the Stratford Festival. The number of people who identify as Indigenous is small, and we do not have any defined Indigenous communities or associations. We have almost no Francophones. We are home to several distinct Plain Communities (horse and buggy populations, which term they accept) and this is a priority population for us, as they have been identified with unique risk factors and health challenges. Importantly, their culture greatly values privacy and our work with these communities must reflect this value.

Mission

Huron Perth Public Health takes action to protect and promote population health and prevent disease, strengthening quality of life and well-being for all.

Vision Statement

Optimized health and well-being for all.

Values

- Equity, Diversity, and Inclusion | We value all community members. We are responsive to the communities we serve and commit to finding ways for people to feel safe and welcome.
- Evidence-informed Practices | We will use the best available information and public health best practices in our work.
- Partnership and Collaboration | We value our relationships and commit to authentic engagement in our work in order to meet the public health needs of our communities.
- People | We acknowledge that HPPH staff are the greatest asset to achieving our vision and mission, and commit to creating a healthy workplace together.

- Innovation | We embrace new ways to respond to the public health needs of our populations and will use bold and creative approaches as needed.
- Accountability | We focus on our public health mandate and are committed to transparent accountability for the use of our resources.
- Leadership | All staff are valued as HPPH ambassadors who continually show leadership by using public health knowledge, skills and expertise to improve population health.

Participants in Strategic Planning

The strategic planning exercise will include staff, Board of Health members and leaders from partner and stakeholder organizations (such as municipalities, hospitals, primary care, education sector).

Timeline

March 6, 2023: Release of RFP

March 21, 2023: Intent to Submit deadline

March 24, 2023 @ 2:30-3:30 pm: Meeting to ask questions via zoom

April 7, 2023 @ 4:00 pm: RFP submission deadline

Week of May 8 - 12, 2023: Interviews for short-list

May 19, 2023: Award of contract

As soon as feasible and no later than September 15, 2023: Deadline for delivery of Strategic Plan and Operational Plan

Please respond by e-mail to rfp@hpph.ca and include “strategic planning” in the subject line. An automatic email confirming receipt of the proposal will be sent to all proposers. See further information below.

Proposal Requirements

Please submit an intent to submit proposal by March 21, 2023, an email to rfp@hpph.ca is sufficient and should include:

- Name of Company,
- the proposal RFP number: PROJECT No. 2023 - 02 Strategic Planning
- Intention to submit proposal

Please submit a proposal no longer than three (3) pages in length, plus at least 3 references. Proposals must be received via e-mail, before 4:00 pm on April 7, 2023. Proposals will not be opened prior to April 7, 2023.

Guidelines for Proposal Content

Please provide a brief proposal outlining your approach and concept for the project, including your use of the funds budgeted for this project and how you would engage HPPH staff and our Board of Health members in the planning process. Limited and focused engagement with external partners may also be included.

The proposal statement of work should be presented in a conceptual, high-level format, with the understanding that the actual scope of work will be refined after consultant selection. HPPH staff will work with the selected consultant to design the strategic planning process that aligns with HPPH staff and board resource and time constraints.

Specific proposal contents

- Name of firm
- Name and contact information for the consultant(s)
- Description of experience and qualifications
- Indication of availability during project period
- Statement of work: brief response on approach to the project scope
- Detailed timelines required for project
- Cost proposal, including hourly rate structure
- At least three references (does not count toward three-page proposal limit)

Confidentiality

The successful consultant will be required to sign a Confidentiality Agreement (see attached) intended to safeguard client personal information as well as confidential health unit information.

Conflict of Interest

The Health Unit has a Conflict of Interest Policy (see attached) governing all employees. We require that all Contractors respect the intent of this Policy and disclose any financial transactions, activities or relationships that may be viewed as a potential Conflict of Interest. If information has been previously disclosed, an update should be provided if changes or new activities are initiated.

Code of Conduct

The Health Unit has a Code of Conduct Policy (see attached) governing all staff, volunteers, students and Board members. We require that all Contractors respect the intent of this Policy, working in a respectful and professional manner at all times

COVID Occupational Health and Safety Policy (see attached)

Huron Perth Public Health is committed to providing a safe environment for employees during the COVID-19 pandemic. The successful consultant will be advised of Infection Prevention and Control measures which are required in order to work at HPPH sites, which may include but is not limited to, screening, masking, and vaccination

Proposal Review and Assessment

Consultants will be evaluated based on the scoring of the following criteria:

- Quality of proposed statement of work (50%)
- Relevant experience and qualifications (20%)
- Availability during project period with clear explanation of consultant staff time dedicated to project (10%)
- Competitiveness of cost proposal/hourly rate (20%)

For more information: Please contact Julie Pauli

Tel: 519-271-7600 ext. 3258

jpauli@hpph.ca



Confidentiality Agreement

I understand that, as a [Board member, Contractor (solo), Contractor (organizational – signing on behalf of all staff), Staff member, Student, Volunteer] of the Health Unit, I will have access to confidential information. This information will include, but is not limited to, personal health information, personnel records or other personal information that is not health related. I agree that [during my appointment, during my employment, during my placement] and following termination of such, that:

1. I will not collect, use, disclose, alter or destroy confidential information unless I am authorized to do so by [legislation or Board of Health policies and procedures; the Health Unit].
2. I will only access personal information that I require to complete my duties.
3. Immediately upon completion I will return any confidential material in my possession. [Alternatively, as agreed in writing prior to commencing my duties, I will destroy this material in such a manner that confidentiality is protected.
4. I will seek guidance where I am unsure of information handling practices.

I understand that any breach of my obligation of confidentiality may lead to one or more of the following:

- disciplinary action up to and including termination
- a personal fine
- legal proceedings for damages
- a report to the Privacy Commissioner
- a report to a regulatory College.

I agree to notify HPPH at the first reasonable opportunity if I become aware that confidential information is stolen, lost or accessed by unauthorized persons.

_____ answered my questions regarding this Confidentiality Agreement.
HPPH Staff Member Name

Dated at _____ this _____ day of _____, 20____

Signature

Print name

Witness signature

Print witness name

Huron Perth Public Health

CONFLICT OF INTEREST	
Board of Health: Organization	01.02.080
Approved by: Board of Health	Original Approval Date: January 2, 2020
Date of last REVIEW:	Date of last REVISION: June 4, 2021

Purpose:

The purpose of this policy is to ensure that:

- employees work in a manner that is honest and ethical
 - employees understand and adhere to their duty to avoid a conflict of interest in their work with HPPH
 - public confidence and trust in the integrity, objectivity and impartiality of HPPH is maintained
 - clients, staff and the Health Unit are safeguarded from a conflict of interest and/or boundary violation that could interfere with the objective provision of best services.
1. While it is not possible to cover every possible conflict of interest situation that might arise, this Policy outlines the HPPH's expectations regarding real and apparent conflicts of interest between employee personal interests and the best interests of HPPH. If employees have questions or are unclear whether they have a conflict of interest, they are encouraged to discuss the situation with their Manager; the Director of Corporate Services may also be consulted by the Manager and/or employee. Should employees become aware of a conflict of interest or a perceived conflict of interest, they are to immediately notify their Manager in writing.
 2. A conflict of interest is a situation in which an employee is in a position to exploit their employment with HPPH in some way to obtain a direct or indirect benefit for themselves or others. A perceived conflict of interest is a situation in which a reasonable member of the public might believe that a conflict of interest exists where one does not.
 3. All employees are expected to safeguard confidential information (including personal health information and personal information) and not release such information to anyone other than the persons who are authorized to receive such information. Refer to *Privacy Policy* for more information.
 4. Employees are prohibited from accessing, using or transmitting confidential or privileged information available only to HPPH staff to obtain personal or financial gain, or for the personal or financial gain of any other individual, partnership or company, whether directly or indirectly, or for any other purpose.
 5. If employees have any outside business or financial activity, they may not work on them during work hours, or use the HPPH's facilities or property including but not limited to, equipment, tools, photocopiers, stationery, telephones or cell phones, computers, etc., for the benefit or purpose of such business or activity.
 6. Employees may not sell, transfer, or in any way authorize the use of any intellectual property, including copyrighted property such as literary or artistic

works, patented inventions or processes, technological innovations, computer programs, data bases, and trademarks, belonging to the HPPH, without express authority from the HPPH.

7. Employees may not make any decision or participate in the process to hire, transfer, promote, demote, discipline or terminate any family member, friends, or business associates.
8. Employees may not interfere with the employment process or influence any other staff member to hire, transfer, promote, demote, discipline or terminate any family member, friends or business associates.
9. Employees may not directly or indirectly purchase or lease real property from or to the HPPH, nor have any direct or indirect interest in a company which purchases or leases real property from or to the HPPH, unless this interest has been fully disclosed to your Manager, and unless the purchase or lease of the real property is done through a public process
10. Employees may not attempt to influence any proceedings carried out by duly authorized HPPH employees under the Health Protection and Promotion Act.
11. No employee or department of the Board of Health shall solicit personal gifts or honoraria for services provided within the mandate of the Board of Health.
12. Honoraria: "A payment given to a professional person for services for which fees are not legally or traditionally required."

When employees accept speaking or other engagements as a representative of the Health Unit, they should make it clear that an honorarium is not expected. Unsolicited non-cash honoraria from organizations of low monetary value such as plants, food or books, may be kept for personal use, or may be returned or donated to the Health Unit for other use. All other honoraria are to be returned or placed in the Donations Fund. Gift cards are viewed as cash by Revenue Canada and must be returned or forwarded to the Manager to use for program expenses or the Donations Fund. The Director of Corporate Services is to be notified of the details as soon as possible.

13. Gifts: "Something given voluntarily without payment in return, as to show favour toward someone, honour an occasion, or make a gesture of assistance".

Staff should never accept gifts from formula companies or tobacco companies or personal gifts from pharmaceutical companies. Staff may accept gifts from industry that advance disease/treatment education (for example, patient teaching kits or drug samples). Such gifts must benefit clients within the practice setting and staff are responsible to ensure any teaching items are accurate, balanced and complete. Staff may accept drug samples for the purpose of treating clients only. At no time should staff accept a gift of any value when the relationship to the giver is regulatory in nature (for example, Public Health Inspector and a Small Drinking Water System owner). If the situation does not allow immediate return of the gift, notify your Manager as soon as possible to discuss an appropriate plan of action.

In general, staff are to abstain from accepting gifts from clients and contractors, providing a sensitive explanation, unless the refusal will harm the staff-client/contractor relationship, taking into consideration the following:

- Was the gift solicited?
- Is the client mentally competent?
- What is the intent of the gift? Will this gift result in client expectations? Will this gift result in feelings of obligations for staff?
- Is the gift appropriate with regard to timing and monetary value?
- Will the acceptance of the gift result in harm to other clients who do not offer a gift?

Staff should consult their Manager and document the consultation. This should occur prior to accepting the gift whenever possible.

Unsolicited non-cash gifts of low monetary nature that cannot be returned as determined above may be kept for personal use, or donated to the Health Unit. For example, upon moving away a client may wish to appropriately express appreciation and congratulations with a small non-monetary gift.

More expensive unsolicited gifts or cash (including gift cards) that cannot be returned, are to be turned over to the Health Unit; Gift cards are viewed as cash by Revenue Canada and must be returned or forwarded to the Manager to use for program expenses or the Donations Fund. The Director of Corporate Services is to be notified of the details as soon as possible.

14. HPPH recognizes the merits of corporate sponsorship for both the sponsor and the Health Unit. Staff must be familiar with and adhere to policy on corporate sponsorship in order to avoid conflict of interest.
15. Employees, who accept an appointment to a board of a community agency that deals with matters related to HPPH, should always be aware for the potential conflict of interest that may need to be declared.
16. Employees may not be members of the Board of Health or vice versa.
17. Opportunities to volunteer for HPPH by an employee or board member will be evaluated on a case-by-case basis by the Senior Leadership Team.
18. Upon termination, employees must promptly deliver to HPPH any and all property, technology, data, manuals, notes, records, plans, or other documents, including any such documents stored on any video or software related medium, held by the employee concerning the HPPH services and programs, know-how, developments, and equipment. This includes property the employee made or prepared and relating in any way to the affairs of HPPH. With permission, employees may retain samples of their work if such work is in the public domain. However, this paragraph shall not apply to any original research or to any articles or papers for which the employee is an author or co-author, for which the employee retains all intellectual property rights.

References:

College of Nurses of Ontario (CNO). (r 2006). Practice Standard. Therapeutic Nurse-Client Relationship.

Retrieved from: http://www.cno.org/Global/docs/prac/41033_Therapeutic.pdf)

College of Physicians and Surgeons of Ontario (CPSO). (2006).

Policy: Relationships with Industry: Practice, Education and Research. Available from:

<https://www.cpso.on.ca/Policies-Publications/Policy/Physicians-Relationships-with-Industry>,

College of Physicians and Surgeons of Ontario (CPSO). (2007).

The Practice Guide. Medical Professionalism and College Policies. Available from:

<http://www.cpso.on.ca/Policies-Publications/The-Practice-Guide-Medical-Professionalism-and-Col>

Huron Perth Public Health

CODE OF CONDUCT	
Board of Health: Organization	1.02.060
Approved by: Board of Health	Original Approval Date: January 2, 2020
Date of last REVIEW: March 4, 2022	Date of last REVISION:

Purpose

This policy and procedure outlines the values and behaviours we commit to in our internal working relationships. It sets forth the minimum standards expected in the way we relate and interact with one another, and applies to all staff, volunteers, students and Board members at all times and places.

1. We are supportive of each other and treat each other with respect and dignity at all times. Respect means consideration, politeness and courtesy in what we say and write, and in our actions.
2. We act with professionalism, integrity and honesty in all matters.
3. We are accountable for our words and our behaviour.
4. If interpersonal conflicts arise, we proactively work to resolve such conflicts and participate willingly in conflict resolution activities.
5. We approach our duties and each other in a positive manner. We encourage input and acknowledge that differing perspectives are valuable. We communicate openly in a constructive and reasonable manner without fear of reprisal.
6. We seek information for clarity rather than creating, sharing or repeating hearsay.

Anyone who believes that the above Code is not being met is urged to follow the steps outlined in Board Policy and Procedure 1.03.010 *Problem Solving in the Organization*, which includes first voicing concerns directly with the individual involved in a respectful and positive manner.

Managers who become aware of conduct which is contrary to this policy and procedure are required to take action to address the behaviour.

Huron Perth Public Health

COVID-19 OCCUPATIONAL HEALTH AND SAFETY POLICY	
Board of Health: COVID-19	1.10.010
Approved by: Medical Officer of Health	Original Approval Date: June 3, 2020
Date of last REVIEW:	Date of last REVISION: September 12, 2022

PURPOSE

Huron Perth Public Health will provide a safe environment for employees during the COVID-19 pandemic. This policy will outline a framework regarding Infection Prevention and Control (IPAC) and Occupational Health and Safety practices that will guide actions to prevent and minimize COVID-19 transmission in the workplace. HPPH will continue to monitor the metrics related to the COVID-19 pandemic (may include: COVID-19 rates, % positivity, hospitalizations and ICU admissions, outbreaks, new variants, vaccine effectiveness to circulating variants) and alter mitigation strategies as needed within the framework.

General Requirements

COVID-19 is a serious health and safety issue and we all share responsibility in keeping our work place safe. If you see a problem, you must address it in accordance with our problem solving policy (1.03.010), up to and including reporting to the Health and Safety Committee or a manager.

The Senior Leadership Team will regularly update employees as to the risk and the associated directions to be followed

Minimizing Contact with Other Staff and Clients

Depending on the Level of risk, HPPH will use the following strategies to minimize time spent in HPPH office sites and/or community settings:

1. Maximize work from home (this may include cancelling non-essential programs/clinics)
2. Encourage zoom meetings and phone consultations wherever possible
3. Require a 2 m physical distance at all times in HPPH offices and clinics. Use larger meeting spaces
4. Use assigned seating in office spaces to ensure 2 m distances are maintained
5. Limit car pooling
6. Reassign unvaccinated staff

Face Coverings and Personal Protective Equipment (PPE)

Where staff are working in HPPH office sites and/or community sites, depending on the level of risk, HPPH may use some or all of the following strategies to prevent person-to-person transmission:

1. HPPH will provide reusable non-medical masks for staff as a method of source control where source control is required
2. Staff are to follow Public Health Ontario's directions for how to wear, remove and care for non-medical masks.

<https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/2020/05/factsheet-covid-19-non-medical-masks.pdf?la=en>

3. HPPH will provide PPE (medical masks, N95 respirators and eye protection) and appropriate training on their use for staff where PPE is required
4. HPPH will ensure mask fit-testing so each staff can access the correct N95 respirator
5. HPPH staff may be required to wear a mask as source protection at all times, at all worksites and offices
6. HPPH Staff may be required to wear a mask as source protection, except where staff can maintain a 2 m distance from others when in their dedicated work space. In this situation, a face covering will be required whenever a 2 m distance cannot be maintained from others for transient interactions such as using the washroom, using the photocopier etc). Where a 2 m distance cannot be maintained for non-transient interactions, staff will be required to don a medical mask and eye protection
7. In clinical settings, staff may be required to don a medical mask and eye protection at all times
8. At all times, staff are able to do a Point of Care Risk Assessment, and choose the appropriate PPE

Cleaning

1. All Employees will practice frequent hand hygiene with soap and water or use ABHR as necessary.
2. Employees will clean the high touch areas in their office space frequently as well as always upon leaving a shared work area with OPTIM wipes provided (e.g. phone, stapler, mouse, door handles).
3. When attending a meeting in a meeting room, employees will ensure their space (chair, chair arms, table) has been wiped down (with the OPTIM wipes provided) before they leave the room.

Staff Screening

Depending on the level of risk, HPPH may use one or both of the following strategies:

1. Passive screening (posting signage)
2. Active Confirmation of Screening
 - A staff screening tool will be used to ensure that staff self-screen daily and follow provincial guidance. In addition, symptomatic staff who work in a clinical setting will be required to consult with the Occupation Health Lead.
 - Staff will be required to complete the screening survey daily at the beginning of each new workday. If a response is not received by a designated time, the Corporate Services Coordinator will prompt the employee to complete.
3. Active Screening
 - A staff screening tool will be used to monitor staff COVID-19 related symptoms. The Occupational Health lead is responsible for updating the symptom list as needed.
 - Staff will be required to complete the screening survey daily at the beginning of each new workday. If a response is not received by a designated time, the Corporate Services Coordinator will prompt the employee to complete.
 - Payroll coordinator will notify the Occupational Health Lead if any staff answer “yes” to the symptom list

- The Occupational Health Lead will then call/email the employee to discuss actions to be taken.

Staff responses to the staff screening tool will be shredded or destroyed in alignment with Ministry of Labour direction.

Illness/Absence Reported Related to COVID-19

1. Staff report absence to the absent@hpph.ca email or ext 3333.
2. Staff with COVID symptoms who work in clinical settings will request a consult with the Occupational Health Lead as needed in accordance with COVID-19 procedures.
3. Where consults are required, the Occupational Health Lead will document interaction with staff member (documentation to be kept in a confidential, restricted access platform).
4. Depending on the provincial testing strategy, employees may be eligible for PCR testing. The employee can check for their PCR test result on the provincial online portal. Employees may also have access to publicly funded Rapid Antigen Testing (RAT). One positive RAT test result in a symptomatic person is considered positive for COVID-19. Two negative RAT results in a symptomatic person is considered negative for COVID-19.
5. When the employee receives a positive result, they are to call the Occupational Health lead to report. It is noted that an employee may decide to be tested for COVID 19 when it is not work-related. If the employee is a resident of Huron or Perth Counties, those results will be handled and filed as per the existing process for any resident.
6. If the employee is required to quarantine/self-isolate (due to illness ~~or close contact exposure~~), they can work from home if the employee is well enough and has an appropriate space and appropriate work is available; where work from home is not possible, the employee could use sick time, flex time, vacation, medical time, compassionate time or unpaid LOA.
7. If an employee requires an accommodation, the regular accommodation process will be followed.

PPE Procurement

1. Ordering of PPE for HPPH will be done centrally through HPPH purchasing.
2. Programs will identify PPE that is required for their clinic/community visits. If the program requires assistance in identifying the PPE needed, an IPAC and H&S consultation will be offered.
3. Once the required PPE has been identified by the program, an *Order Form* will be filled out. If the team is familiar with ordering, the vendor and model number can be included on the purchasing form. If the team requires support they can check in with the purchasing team.
4. The form is then forwarded to a manager or director for approval.
5. Once approved, the form will be sent to purchasing@hpph.ca
6. Purchasing will then place the order.

Fans

1. The use of fans in the HPPH office environment may be used for temperature control.
2. If an employee feels they require a fan, they will request one from their manager.
3. The following IPAC guidelines will be followed when using a fan:
 - a. Fans will not be set to oscillate.
 - b. Fans are **not** to be used in clinical settings;
 - c. For personal fan use, the employee will consult a member of the JHSC to assess the surrounding areas and deem if the fan can be used safely;
 - d. Physical distancing needs to be maintained at all times. The employee should consider the direction and wake of the fan;
 - e. When possible, create physical barriers between the fan and other employees.
4. See Public Health Ontario's *The Use of Portable Fans and Portable Air Conditioning Units during COVID-19 in Longterm Care and Retirement Homes* for more information:
<https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/08/covid-19-fans-air-conditioning-ltrh.pdf?la=en>

Staff with Multi Employers

The Senior Leadership Team's priority during the COVID pandemic is to mitigate the risk of exposure to internal staff and our clients. Huron Perth Public Health commits to supporting community partners in Huron and Perth counties, and acknowledges that Long Term Care Homes (LTCH), Retirement Homes (RH), and Hospitals may require human resource support. It is noted that during the COVID -19 pandemic, Huron Perth Public Health reserves the right to change mitigation strategies as necessary to protect all staff during surges.

- HPPH will monitor indicators during the pandemic and respond appropriately to protect the internal staff from exposure. As more is understood about the virus, during the pandemic, mitigation strategies and direction to staff members who have another employer, may fluctuate. See 1.10.010 COVID-19 Occupational Health and Safety Procedures for the latest direction to staff.
- See Multi-Employer Policy Appendix (below) for the data sources that will inform the decisions of the HPPH Senior Leadership Team.
- Staff who have another place of employment (LTCH, RH or Hospital) are to notify the Occupational Health Contact for HPPH. LTCH, RH, Hospitals or any congregate setting is considered a higher risk, due to the care that is provided in these settings.
- If at any time another workplace the HPPH employee is working at (including congregate settings or other workplaces), declares a suspect or full outbreak, the staff member will notify the Occupational Health Lead immediately.

References:

[Interim Guidance on Infection Prevention and Control for HealthCare Workers and Patients in LTCH and Hospitals](#)

**Appendix
HPPH COVID-19 Indicators**

HPPH will consider various indicators of COVID-19 activity to guide policy. These may include the following, and also additional indicators as identified by the SHARE team.

I. Virus Spread and Containment

- 7-day moving average of daily new COVID-19 cases (community/congregate settings) by specimen collection date
- Per cent of new COVID cases that are non-epi-linked
- 7-day moving average of daily new hospitalized COVID-19 cases by hospitalization date
- New and cumulative number of institutional and congregate care settings in COVID-19 outbreak
- R effective estimates
- Daily deaths
- Community mobility

II. Health System Capacity

- Per cent of occupied acute care beds
- Per cent of occupied intensive care unit beds
- Per cent of occupied intensive care unit beds with ventilators
- Days of personal protective equipment stock in reserve

III. Public Health System Capacity

- Per cent of newly reported COVID-19 cases reached within 24 / 48 hours of reported date
- Per cent of newly identified COVID-19 contacts (high- and medium-risk) reached within 24 / 48 hours of contact identification date

IV. Incidence Tracking Capacity

- COVID-19 testing rate per 100,000 population
- Per cent of COVID-19 tests with a turnaround time (duration between specimen collection date and reported date) of 24 / 48 hours
- COVID-19 per cent positivity