Additional Questions for OPH

Staff Public Question

Are our Plan's numeric minima, e.g. especially the Elementary 1m, notional or rigid? So, for example, if students in a class are found to be placed closer together than the Plan sets out, and if an in-room correction cannot be reasonably immediately provided for, then does this automatically trigger class spread into an alt space, student reassignment, or other actions? Basically then, how are they hard 'real', or more indefinite 'target' minima?

OPH Public Questions

Failing satisfactory OPH replies, I'll likely be asking DSB staff differently framed but similar questions ...

a) Has OPH specifically endorsed, or can it at least state that it is specifically comfortable with, the numeric health safety minima set out as part of the bundle of layered safety protocols described within the OCDSB's current Return to School Plan, specifically with regard to the planned 1m distancing between Elementary students (i.e. not 1m between their desks), but also with respect to other important Plan-specified numeric minima of a directly health safety nature?

b) Apart from its statutory powers, OPH's mandate is to advise with respect to public health safety provisions for all of Ottawa's citizens, and so has a broader public interest mandate than that, for instance, of a coalition of Ontario's specifically pediatric hospitals. **Does OPH believe that the OCDSB's current Return to School plan compromises the health safety interests of any major OCDSB stakeholder interests, e.g. staff, in favour of the health safety interests of any other major OCDSB stakeholder, e.g. students?**

c) Toronto Public Health recently went on public record as not endorsing some elements of the TDSB's own Return Plan. However, it's understood that many factors may account for possibly different public health stands on their local DSB's Plans, including different: Return Plan mitigation bundle characteristics, community transmission rates or future risks, Public Health capacity, Public Health literature review conclusions, varying CMO or Provincial guidance interpretation, or indeed other material differences. **How does OPH account for what appears to be an important variance between respective local public health authority views of the Return Plans developed in Toronto versus Ottawa?**

d) Public Health and Ministry guidance on max group size, number of contacts, metres distance, earliest masking age, and so forth, appears to many to differ between that advice generally provided to the city's population at large, e.g. for parks, businesses, etc, versus that advice provided for schools. It's recognized however that this may be a false equivalence, as the assured health safety control framework planned for schools, e.g. including training, access controls, etc, may be much more robust and layered as a mitigations package than those controls assumed generally to be assured in myriad unknown possibly under-controlled non-school public scenario. **In OPH's opinion then, would attempting to equate schools versus non-schools public health advice be a false equivalence or not and, if not, then how does OPH account for the apparently varying public health advice?**

e) In the end, is it perhaps OPH's view that no particular Return Plan minimum or protocol is essential or must be inflexibly observed, that we should merely seek to do what we reasonably can with whatever funds are made available, and that the most important concerns from the OPH perspective are really over all community transmission rates, or OPH tracing success, or other concerns more or less outside of direct OCDSB control?

f) In the end, is OPH fully satisfied with, or alternatively does OPH fully endorse the sufficiency of, or alternatively does OPH simply agree that there is full alignment between their advice and, the over all package of health safety-related provisions contained within the larger OCDSB Return Plan?