

**ROLES AND RESPONSIBILITIES IN COMMUNITY HEALTH CARE SETTINGS DURING POTENTIAL
INFECTION PREVENTION AND CONTROL LAPSE INVESTIGATIONS**
INFORMATION FOR PUBLIC HEALTH UNITS AND STAKEHOLDERS

This document has been created to provide public health units and other stakeholders with an overview of **key** roles and responsibilities and contact information for all those who may be involved in investigation of a potential infection and control lapse in a community health care setting¹. It should be noted that these roles and responsibilities may vary depending on the context of the situation. Current inspection practices are also provided for background information. This document was developed following broad consultations with Public Health Ontario, the College of Physicians and Surgeons of Ontario, and public health units.

This document should be used in conjunction with the *Infection Prevention and Control Practices Complaints Protocol, 2015* (or as current) and any other applicable protocols/ guidance documents. This information is current as of **July 1, 2016**; should any changes to procedure be made, this document will be revised and redistributed by the Ministry of Health and Long-Term Care (MOHLTC).

For definitions and other key information, including licensing, confidentiality, and closure of facilities, please see [Appendix 1](#). For public health unit contact information, please see [Appendix 2](#).

Organization	Roles and Responsibilities during an investigation ²	Current Inspection Practices (if applicable)	When to Involve Organization in Investigation	Contact Information
Ministry of Health and Long-Term Care (MOHLTC) – Population and Public Health Division (PPHD)	<ul style="list-style-type: none"> ▪ No direct role (i.e. would not inspect clinic/practice on a routine basis) ▪ May support/ coordinate teleconferences if needed (e.g. investigation involves more than one public health unit, or in the case of a significant event) ▪ Create regulatory documents such as the 	<ul style="list-style-type: none"> ▪ Not involved in inspecting clinics or regulated health professionals’ practices ▪ Investigations, including inspections, are implemented by Boards of Health via 36 public health units ▪ MOHLTC can be involved in co-ordinating if more than one public health unit is involved in 	<ul style="list-style-type: none"> ▪ Health units should contact the Public Health Division if they need assistance or clarification with policy questions at any time during potential lapses. ▪ Health units should contact the Public Health Division if they believe there is potential for media 	Infectious Diseases Policy and Programs Section, idpp@ontario.ca Or directly: Caroline Marshall Strategy and Policy Advisor 416-325-8923 caroline.marshall@ontario.ca

¹ Community health care settings include those where a regulated health professional offers regulated health services; it does not include hospitals, long-term care homes, or personal service settings.

² For legislative authority, please see ‘Applicable Legislation’ in Appendix 1.

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	<p>Ontario Public Health Standards that provide direction on board of health requirements</p> <ul style="list-style-type: none"> ▪ May be consulted during investigations for coordination, policy interpretation, etc. (see When to Involve) 	<p>investigation</p>	<p>coverage of/ during the investigation.</p>	
<p>MOHLTC – Independent Health Facilities (IHF) Branch</p>	<ul style="list-style-type: none"> ▪ No direct role (i.e. would not inspect clinic/ practice routinely) ▪ Licenses and oversees IHFs in Ontario. May take licensing action if there is a risk to patient health and safety. ▪ Licensing action may be taken based on information provided to the IHF program area from other assessing bodies such as College of Midwives of Ontario (CMO), College of Physicians and Surgeons of Ontario (CPSO), public health units (PHUs). This information can come in the form of a letter, email, inspection/assessment report etc. 	<ul style="list-style-type: none"> ▪ Not involved in inspecting independent health facilities directly ▪ Requests quality assessments from CPSO/CMO as applicable ▪ Liaises with CPSO, PHU and/or CMO to request and organize inspections/ investigations 	<ul style="list-style-type: none"> ▪ Notify as soon as possible if an IHF is involved ▪ If the PHU is not certain whether a facility is an IHF, they can contact the IHF program area directly at the telephone number or email address provided. 	<ul style="list-style-type: none"> ▪ Phone (General Intake Line): 613-548-6637 ▪ IHFP@ontario.ca

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<p>Public Health Ontario (PHO)</p>	<ul style="list-style-type: none"> ▪ Provision of scientific and technical advice to support PHU lapse investigations ▪ Laboratory coordination of samples and further testing (e.g. genetic sequencing) 	<ul style="list-style-type: none"> ▪ No routine role in clinic inspections but may provide field support to PHUs as requested to inform the risk assessment process (e.g. provision of technical guidance) 	<ul style="list-style-type: none"> ▪ PHUs may request support to inform the risk assessment process ▪ PHUs should connect with the Lab outbreak coordinator early in an investigation to discuss supports required 	<p>Requests for support should be directed to: Claudine D’Souza Nurse Consultant 647-260-7626 epir@oahpp.ca or Infection Prevention and Control ipac@oahpp.ca</p> <p>Public Health Ontario Laboratory Customer Service Line: 416-235-6556 or 1877-604-4567</p>
<p>College of Physicians and Surgeons of Ontario (CPSO)</p>	<ul style="list-style-type: none"> ▪ Responsible for oversight and licensing of physicians and surgeons in Ontario ▪ Responsible for oversight, and inspection of certain types of facilities (Out-of-Hospital Premises) ▪ Responsible for assessment of IHFs and reporting findings to the MOHLTC IHF Program <ul style="list-style-type: none"> ○ Assessments may involve inspections, review of reports, etc. ▪ Investigate as part of quality assurance and complaints process 	<ul style="list-style-type: none"> ▪ Inspect Out of Hospital Premises ▪ Assess Independent Health Facilities <ul style="list-style-type: none"> ○ Assessments may involve inspections, review of reports, etc. ▪ Can assess Individual member’s practice as necessary 	<ul style="list-style-type: none"> ▪ Notify appropriate area (facilities or member-specific complaints) as early as possible ▪ If unsure about oversight, contact the OHP area to determine if facility is under CPSO’s regulation ▪ Public health unit/ CPSO may choose to conduct joint investigation where possible/ reasonable 	<p>Regarding CPSO-regulated facilities: Shandelle Johnson, Manager Practice Assessment & Enhancement Dept., Quality Management Division Phone: (416) 967-2600 ex.401 Toll Free: 1-800-268-7096 Fax: (416) 967-2605 Email: sjohnson@cpso.on.ca or OHP@cpso.on.ca</p> <p>Regarding CPSO members individually: Denitha Breau, Manager Investigations and Resolutions 416-967-2600 ext 766 1-800-268-7096 ext 766 Email: DBreau@cpso.on.ca</p> <p>CPSO does not have an after-hours intake line; however, e-mails may be monitored.</p>

Organization	Roles and Responsibilities during an investigation ²	Current Inspection Practices (if applicable)	When to Involve Organization in Investigation	Contact Information
<p>Other regulatory colleges</p>	<ul style="list-style-type: none"> ▪ Responsible for oversight and licensing of their respective regulated health professions in Ontario 	<ul style="list-style-type: none"> ▪ Varies by college 	<ul style="list-style-type: none"> ▪ Notify as soon as possible ▪ Note that colleges require complaints to be submitted in written or recorded format, but can provide information over the phone ▪ Some colleges may have the capacity to be involved in investigations, while others may not 	<p>College of Nurses of Ontario: Main line: 416 928-0900 Toll-free in Ontario: 1 800 387-5526 <i>For questions about nursing practice standards and related issues:</i> Practice Line: Ext. 6397 <i>To report a nurse's conduct, learning more about disciplinary processes:</i> Professional Conduct: Ext. 6988</p> <p>College of Midwives of Ontario: Professional Conduct <i>For inquiries relating to, the care or conduct of a midwife, unauthorized practice, workplace issues and expectations of the profession.</i> Phone: 416.640.2252 ext. 223 email: regaffairs@cmo.on.ca Complaints Process <i>For inquiries relating to the complaints process and discipline:</i> Phone: 416.640.2252 ext. 224 email: iandh@cmo.on.ca</p> <p>College of Pharmacists of Ontario: Practice Consultants <i>For questions about regulations, by-laws or pharmacy practice standards and related issues:</i> email: pharmacypractice@ocpinfo.com phone: 416-962-4861 ext. 2236 Complaints & Discipline <i>For information on how to report a concern about a pharmacist, pharmacy</i></p>

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				<p><i>technician or pharmacy, or the complaints & discipline process.</i> email: complaints@ocpinfo.com phone: 416-962-4861 ext. 2274</p> <p>Royal College of Dental Surgeons of Ontario: <i>Practice Advisory Service</i> 416-934-5614 1-800-565-4591 practiceadvisory@rcdso.org <i>Complaints Information</i> 416-961-6555 toll-free: 1-800-565-4591 fax: 416-961-5814 Attn: Complaints e-mail: complaints@rcdso.org</p> <p>College of Dental Hygienists of Ontario: Tel:416-961-6234, ext. 242 Toll Free:1-800-268-2346, ext. 242 Fax:416-961-6028 E-mail: psingh@cdho.org</p> <p>College of Traditional Chinese Medicine of Ontario Tel : 416.238.7359 Fax : 416.214.0879 E-mail: info@ctcmpao.on.ca</p> <p>For other regulatory colleges, please consult their respective websites.</p>

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Public Health Unit (PHU)	<ul style="list-style-type: none"> ▪ Responsible for investigating complaint/lapse/ referral or follow-up of reportable diseases independently or as a joint investigation with an appropriate regulatory college ▪ Responsible for providing guidance regarding areas for IPAC improvement and, if deemed necessary, issuance of orders under the Health Protection and Promotion Act (HPPA) ▪ Responsible for public reporting of IPAC lapses where applicable 	<ul style="list-style-type: none"> ▪ Inspect clinics/practices based on complaint/referral/ reportable disease surveillance 	<ul style="list-style-type: none"> ▪ Typically complaint/referral/re portable disease investigations are originally submitted to the health unit ▪ If not, notify as soon as possible ▪ May participate in joint investigations with regulatory colleges if agreed upon between the college and health unit ▪ If a college cannot/ does not undertake an investigation, the health unit must continue to undertake their own investigation. 	<ul style="list-style-type: none"> ▪ Varies by health unit – see Appendix 2 or visit this website: http://www.health.gov.on.ca/en/comm/system/services/phu/locations.aspx ▪ Request on call communicable disease inspector/nurse/manager

APPENDIX 1: DEFINITIONS

FACILITY DEFINITIONS

Out-of-Hospital Premises (OHPs), where services are provided under different levels of anesthesia and sedation, are overseen by the College of Physicians and Surgeons of Ontario (CPSO). Some OHPs are also IHFs. OHPs are facilities where college members are performing procedures outside a hospital using the following:

- General anesthesia
- Parenteral sedation
- Regional anesthesia
- Local anesthesia for:
 - o Tumescence procedures involving administration of dilute, local anesthetic
 - o Surgical alteration or excision of lesion or tissue for cosmetic purposes
 - o Injection or insertion of permanent fillers, autologous tissue, synthetic devices for cosmetic purposes
 - o Nerve blocks for management of chronic pain
 - o Acts in the opinion of CPSO in those set out above that are performed for a cosmetic purpose

Independent Health Facilities (IHFs) are facilities where patients receive services in respect of which facility fees are charged to and paid by the Ministry, or places designated by the Minister to be an IHF. Examples of OHIP-insured services offered at IHFs include (but are not limited to) diagnostic imaging, sleep medicine, pulmonary function, dialysis, eye surgery, abortion, and plastic surgery, and birth centres. Endoscopy services are currently unlicensed IHF services. IHFs are **not**: places where patients receive services provided in a hospital or hospital satellite facility; places where patients receive services in a private medical facility not licensed under the IHFA e.g. physician's office; places where patients receive uninsured services i.e. cosmetic surgery; medical laboratories e.g. where blood tests are performed; blood and specimen collection centres.

The MOHLTC IHF program area and College of Physicians and Surgeons of Ontario (CPSO) and the College of Midwives of Ontario (CMO) jointly manage a Quality Assurance (QA) Program for services provided in IHFs. The MOHLTC IHF program area is responsible for licensing, while assessments and Clinical Practice Parameters and Facility Standards (CPPs) are developed by CPSO/ CMO.

INSPECTIONS/ QUALITY ASSESSMENTS

IHFs

The MOHLTC IHF program area and College of Physicians and Surgeons of Ontario (CPSO) and the College of Midwives of Ontario (CMO) jointly manage a Quality Assurance (QA) Program for services provided in IHFs. Framework for QA program is legislated under the *Independent Health Facilities Act, 1990* (IHFA). Each IHF is required to have a Quality Advisor, who must be a physician/midwife. CPSO/CMO develops Clinical Practice Parameters and Facility Standards (CPPs) against which the facilities are assessed; CPPs reflect generally accepted professional standards.

Medical and technical assessors are trained and appointed by the CPSO/CMO to conduct on-site assessments and report their findings to the Registrar; CPSO/CMO then reports to the Director of IHFs. The Director is authorized to take licensing action as appropriate in accordance with IHFA and regulations.

IHF's are assessed approximately once every five years with 225 assessments conducted in a fiscal year.

- The Director may request more frequent assessments, for example:
 - in connection with a quality-related complaint.
 - where significant issues were identified in a previous assessment.
 - where there has been a change in ownership or services provided.
- The Director may request that an assessment be routine, announced or unannounced.

OHPs

Facilities wishing to perform services covered under the OHP Regulation may not begin offering services until they pass an inspection-assessment by CPSO. If a premise meets all expectations and receives a "Pass", it will be re-assessed in 5 years, or earlier if the premises decides to add additional procedures or if the College receives disconcerting information about the premise. If the premise does not meet one or more of the OHPIP standards and receives a "Pass with Conditions" or a "Fail", it will be offered an opportunity to come into compliance with the standards. In some cases, minor changes may be required to come into compliance and the Premises Inspection Committee (PIC) will review those changes and issue a "Pass". In other circumstances, a re-assessment will be required in order for the premises to receive a "Pass". Assessments may involve any of the following:

- Inspection, examination or tests regarding any equipment, instrument, materials or any other thing that may be used in the performance of a procedure.

- Examination and copying of books, accounts, reports, records or similar documents that are, in the opinion of the College, relevant to the performance of a procedure in the practice of the member.
- Inquiries or questions to be answered by the member which are relevant to the performance of a procedure on a patient.
- Direct observation of a member in his or her practice, including direct observation by an assessor of the member performing a procedure on a patient.

OTHER FACILITIES WHERE REGULATED HEALTH PROFESSIONALS PROVIDE REGULATED SERVICES

In facilities that are not considered IHFs or OHPs, such as a family physician's office or chiropractor's office, regulatory colleges may investigate the practices of a college member, but have no jurisdiction over the facility itself.

Public health units (PHUs) are responsible for responding to complaints in any facility, but do not have routine inspection responsibilities in community health facilities.

CLOSURE OF FACILITIES

CPSO does not have the authority to close an OHP but has authority over its members that perform procedures within a facility. Therefore, if an OHP fails an inspection the CPSO has the authority to restrict any of its members from performing any of the procedures in that facility that would be captured under the OHP Regulation. This essentially may close the facility if all physicians are restricted from working there.

Medical Officers of Health or a public health inspector have the power to close a facility if certain conditions are met. Under the *Health Protection and Promotion Act, 1990*, “[a] medical officer of health or a public health inspector... by a written order may require a person to take or to refrain from taking any action that is specified in the order in respect of a health hazard.” R.S.O. 1990, c. H.7, s. 13 (1). This may include the closure of a facility. Prior to issuing such an order, the medical officer of health or public health inspector must be of the opinion, upon reasonable and probable grounds, “(a) that a health hazard exists in the health unit served by him or her; and (b) that the requirements specified in the order are necessary in order to decrease the effect of or to eliminate the health hazard.” R.S.O. 1990, c. H.7, s. 13 (2).

Medical Officers of Health may also place requirements or restrictions on a person's actions where they present an immediate risk of an outbreak of a communicable disease in the health unit served by the medical officer of health. Under the *Health Protection and Promotion Act, 1990*, “[a] medical officer of health... by a written order may require a person to take or to refrain from taking any action that is specified in the order in respect of a communicable disease. R.S.O. 1990, c. H.7, s. 22 (1). Prior to issuing such an order, the medical officer of health must be of the opinion, upon reasonable and probable grounds, “(a) that a communicable disease exists or may exist or that there is an immediate risk of an outbreak of a communicable disease in the health unit served by the medical officer of health; (b) that the communicable disease presents a risk to

the health of persons in the health unit served by the medical officer of health; and (c) that the requirements specified in the order are necessary in order to decrease or eliminate the risk to health presented by the communicable disease. R.S.O. 1990, c. H.7, s. 22 (2); 1997, c. 30, Sched. D, s. 3 (1).22.

IHF closure

Under the *Independent Health Facilities Act*, the Director of IHFs may take licensing action if some or all of the services have been identified as being prejudicial to patient health and safety or prejudicial with an immediate threat to patient health and safety. There are different options for licensing action depending on whether the concerns are related to the entire IHF or some but not all services. The licensee may request a hearing before the Health Services Appeal and Review Board (HSARB). This may delay proposed licensing action which would allow for the IHF to continue providing services pending the result of the hearing. If the Director has taken licensing action, although a hearing may be requested, the ministry will not pay the technical fees associated with the services removed from the licence. Licensees are encouraged to work with the CPSO/CMO to address the deficiencies noted in the assessment report and the Director may consider lifting any licensing action or proposed licensing action.

CONFIDENTIALITY

Depending on the type of investigation, complaint or assessment in which the lapse is identified, CPSO may have restrictions on the amount of information that can be shared.

Section 36 of the Regulated Health Professions Act, limits the amount of information that the CPSO can share. Should the CPSO form the view that disclosure to public health unit(s) is necessary to facilitate whatever actions the public health unit deems necessary for eliminating or reducing a significant risk of serious bodily harm to those persons who may be treated at the premises, the CPSO will then share this information. This is done on a case by case basis with extensive consultation with the CPSO legal department and the various College Committees.

If CPSO and a health unit conduct a joint investigation, a copy of the CPSO inspection/assessment will be provided to the health unit from the OHP program. With regard to IHFs, if an assessment report is needed, the ministry may choose to provide the report to the health unit.

Public health units are encouraged to share information with any involved regulatory colleges upon approval from their own legal counsel.

Bill 21, Safeguarding Health Care Integrity Act, 2014, proposes to add the Health Protection and Promotion Act to the Regulated Health Professions Act, 1991, which would facilitate communication between regulatory colleges and the public health sector. The bill has passed its third reading, received royal assent, and will be proclaimed in force in the near future.

APPLICABLE LEGISLATION

- *Regulated Health Professions Act, 1991*; sets out the governing framework for the regulated health professions in Ontario. Available at: <http://www.ontario.ca/laws/statute/91r18>
- Regulatory college by-laws and professional codes of conduct
- *Independent Health Facilities Act, 1990*; legislation applying to all IHFs in Ontario. Available at: <http://www.ontario.ca/laws/statute/90i03>
- Other practice- or College-specific acts as applicable (e.g. *Traditional Chinese Medicine Act, 2006*)
- *Health Protection and Promotion Act, 1990*; sets out the powers and responsibilities of medical officers of health (MOHs) and boards of health. Available at: <https://www.ontario.ca/laws/statute/90h07>
- *Ontario Public Health Standards and Protocols, 2008 (or as current)*; the standards function as the guidelines for the provision of mandatory health programs and services by the Minister of Health and Long-Term Care, pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Available at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/intro.aspx

COMPANION DOCUMENTS:

- *Infection Prevention and Control Practices Complaints Protocol, 2008 (or as current)*
 - o Available at: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/infection_prevention_complaint.pdf
- PIDAC best practices documents
 - o Available at: http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx
 - o Includes *Infection Prevention and Control for Clinical Office Practice*, June 2013, available at: http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf

APPENDIX 2: PUBLIC HEALTH UNIT CONTACT INFORMATION

Information is current as of October 1, 2015. For the most recent available information, please see

<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

- **Algoma Public Health Unit**
Tel : 705-942-4646
Toll : 1-866-892-0172
- **Brant County Health Unit**
Tel : 519-753-4937
- **Chatham-Kent Health Unit**
Tel : 519-352-7270
- **Durham Region Health Department**
Tel : 905-668-7711
Toll Free : 1-800-841-2729
- **Eastern Ontario Health Unit**
Tel : 613-933-1375
Toll : 1-800-267-7120
- **Elgin-St. Thomas Health Unit**
Tel : 519-631-9900
Toll : 1-800-922-0096
- **Grey Bruce Health Unit**
Tel : 519-376-9420
Toll : 1-800-263-3456
- **Haldimand-Norfolk Health Unit**
Tel : 519-426-6170
- **Haliburton, Kawartha, Pine Ridge District Health Unit**
Tel : 905-885-9100
Toll : 1-866-888-4577
- **Halton Region Health Department**
Tel : 905-825-6060
Toll : 1-866-442-5866
- **City of Hamilton**
Tel : 905-546-3500
- **Hastings and Prince Edward Counties Health Unit**
Tel : 613-966-5500
- **Huron County Health Unit**
Tel : 519-482-3416
Toll : 1-877-837-6143
- **Kingston, Frontenac and Lennox & Addington Public Health**
Tel : 613-549-1232
Toll : 1-800-267-7875
- **Lambton Public Health**
Tel : 519-383-8331
Toll : 1-800-667-1839
- **Leeds, Grenville and Lanark District Health Unit**
Tel : 613-345-5685
- **Middlesex-London Health Unit**
Tel : 519-663-5317
- **Niagara Region Public Health Department**
Tel : 905-688-3762
Toll : 1-800-263-7248
- **North Bay Parry Sound District Health Unit**
Tel : 705-474-1400
- **Northwestern Health Unit**
Tel : 807-468-3147
- **Toll : 1-800-830-5978**
- **Ottawa Public Health**
Tel : 613-580-6744
Toll : 1-866-426-8885
TTY : 613-580-9656
- **Oxford County Public Health**
Tel : 519-539-9800
Toll : 1-800-755-0394
- **Peel Public Health**
Tel : 905-799-7700
- **Perth District Health Unit**
Tel : 519-271-7600
- **Peterborough County-City Health Unit**
Tel : 705-743-1000
TTY : 705-743-4700
- **Renfrew County and District Health Unit**
Tel : 613-735-8653
Toll : 1-800-267-1097
- **Simcoe Muskoka District Health Unit**
Tel : 705-721-7520
Health Connection (Toll free) 1-877-721-7520
- **Sudbury and District Health Unit**
Tel : 705-522-9200
- **Porcupine Health Unit**
Tel : 705-267-1181

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- **Thunder Bay District Health Unit**
Tel : 807-625-5900
Toll : 1-888-294-6630 (807 area only)
- **Timiskaming Health Unit**
Tel : 705-647-4305
- **Toronto Public Health**
Tel : 416-338-7600
- **Region of Waterloo, Public Health**
Tel : 519-575-4400
TTY: 519-575-4608
- **Wellington-Dufferin-Guelph Public Health**
Tel : 519-822-2715
Toll : 1-800-265-7293
- **Windsor-Essex County Health Unit**
Tel : 519-258-2146
- **York Region Public Health Services**
Tel : 905-895-4511
Toll : 1-800-361-5653 (Health Connection Line)