## Template 1. Local Medical Officer of Health (MOH) Order under S. 13 of the HPPA

Order Made Pursuant to Section 13 of the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7

Date:

To:

WHEREAS pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7, as amended (the “*Act*”):

1. a “health hazard” includes anything or “animal other than man” that has or that is likely to have an adverse effect on the health of any person;
2. the Medical Officer of Health may, by order, require any person to take, or refrain from taking any specified action with respect to a health hazard. Such an order may include a requirement to do specified work, on or about premises specified in the order, and may include a requirement to destroy things specified in the order,
3. the Medical Officer of Health, or a person acting under his/her direction, is authorized to enter and have access to, through and over any premises in order to carry out a direction given under the *Act*. The authority to enter premises, however, is not authority to enter a private residence without the consent of the occupier;
4. no person shall hinder or obstruct a person acting under the direction of a Medical Officer of Health lawfully carry out a power, duty or direction under this *Act*;
5. any person who fails to obey an order made under this *Act* is guilty of an offence and is liable on conviction to a fine as outlined below; and
6. every board of health is required to ensure the provision of health programs and services including the prevention or elimination of health hazards and the control of infectious and reportable diseases.

AND WHEREAS pursuant to section 474.21 of the *Municipal Act*, 2001, S.O. 2001, c. 25, the [name of regional municipality] has all the powers, rights and duties of a board of health under the *Health Protection and Promotion Act* 2002, c. 17, Sched. A, s. 91.; [NOTE: this statement applies only to regional municipalities and does not include The District Municipality of Muskoka].

I, [name of Medical Officer of Health of the name of jurisdiction] order you to assist in, and facilitate the implementation of, such treatment methods as directed by me, in the [name of jurisdiction under the order], to control and reduce the number of mosquito larvae including, but not limited to assisting in and facilitating the:

1. application of larvicides to known or suspected mosquito breeding sites including but not limited to areas of standing water in catch basins, storm water management ponds, ditches, ponds and other bodies of water; and
2. employment of measures to eliminate standing water on public and private land;

The reasons for this order are that:

1. in 200\_ , the Medical Officer of Health received laboratory confirmation that certain persons in [name of MOH’s jurisdiction] became infected with the West Nile Virus;
2. in 200\_, the Medical Officer of Health received laboratory confirmation that certain mosquitoes in the [name of MOH’s jurisdiction] were infected with the West Nile Virus;
3. West Nile Virus is transmitted to humans by mosquitoes. Mosquitoes are known to breed in areas of standing water within [name of MOH’s jurisdiction] including catch basins, storm water management ponds, ditches, ponds and other bodies of water;
4. West Nile Virus can adversely affect human health and, in some cases, can cause death;
5. it is reasonable to expect that mosquitoes infected with West Nile Virus are now breeding and the risk of human infection will increase as the weather becomes warmer;
6. to protect human health, I believe it necessary to institute a mosquito control program which includes the application of larvicides to areas of standing water which may contain mosquito larvae and populations;
7. to be effective, larviciding must take place in the spring and summer in an attempt to reduce the number of infected mosquitoes and the consequent threat to human health; and
8. I am advised by [name of MOH’s jurisdiction] Public Health representatives that the [name of MOH’s jurisdiction] has retained a licensed applicator of larvicides to apply mosquito control treatment methods on public and private land which application program can start forthwith.

Therefore, I am of the opinion on reasonable and probable grounds that:

1. a health hazard exists in the health unit served by me; and
2. the requirements specified in this order are necessary to decrease or eliminate the health hazard.

### NOTICE

TAKE NOTICE THAT you are entitled to a hearing by the Health Services Appeal and Review Board if you deliver to me and to the Health Services Appeal and Review Board, Health Boards Secretariat, 151 Bloor Street West, 9th Floor, Toronto, Ontario. M5S 2T5, notice in writing, requesting a hearing within fifteen (15) days after service of this Order.

AND FURTHER TAKE NOTICE THAT although a hearing may be requested, this Order takes effect when it is served to you.

FAILURE to comply with this Order is an offence for which you may be liable, on conviction, to a fine of not more than $5,000.00 (for a person) or $25,000.00 (for a corporation) for every day or part of each day on which the offence occurs or continues.

[Signature of MOH]

## Template 2. MOH Authorization Letter for Larviciding on Public/Private Land

To: Regional Pesticide Specialist [see Table 1 for address]

Dear:

RE: West Nile Virus - Application of Larvicides on [Municipal/Private] Lands

This letter is to confirm that I authorize the application of larvicides to mosquito breeding sites on [municipal/private] lands with the [name of MOH’s jurisdiction], especially as it relates to standing waters and catch basins. I also authorize the application of larvicides to other areas within the [name of MOH’s jurisdiction], under the jurisdiction of other governmental authorities, found to contain mosquito species known to transmit West Nile virus.

My decision to authorize this action is based on the Health Department’s 200\_ WNV surveillance and monitoring program which identified human cases as well as extensive enzootic spread. These findings represent a significant health risk to the residents of [name of MOH’s jurisdiction].

This authorization has the following conditions:

* Application of larvicide to water bodies on private land only if the water body cannot be drained or modified.
* The licensed exterminator must provide a copy of all approved permits to the MOH. The information submitted must identify clearly the addresses of the private lands and the type of water bodies intended to be treated with a mosquito larvicide before the larviciding program begins.
* Copies of the year end reports (summary reports) submitted to the Ministry of the Environment, when completed, for all permits issued must be also submitted to the Health department.

I am also enclosing copies of letters from [town, city or municipalities] in the [name of MOH’s jurisdiction].

[Signature of the Medical Officer of Health (MOH)]

## Template 3. Jurisdictional Authorization

To: Local MOH

Dear MOH:

The [name of town, city or municipality etc.] supports local action to reduce the risk of West Nile Virus. As a result, [name of town, city or municipality etc.] authorizes any permit application for West Nile Virus control submitted to the Ministry of the Environment from an appropriately licensed exterminator, to apply a larvicide into catch basins or surface water:

* located within and [owned/ managed] by [name of town, city or municipality; and
* located on private land that drain into the storm drain system or water ways located within [name of town, city or municipality].

[Signed by an official representative of the town, city, municipality etc.]

## Template 4. Private Land Owner/Occupant Authorization

To: Local MOH

Dear MOH:

I [name of private land owner or occupant] authorize [name of licensed exterminator and pest management company] to apply a larvicide into water bodies located on my land in order to reduce the risk of West Nile Virus.

[Signed by the private land owner or occupant]