
Subject: Authorizing Assistance and Support Agreements to Combat COVID-19

Report to: Public Health and Social Services Committee

Report date: Tuesday, August 4, 2020

Recommendations

1. That the Medical Officer of Health & Commissioner (Public Health & Emergency Services) or his/her delegate, on behalf of the Board of Health, **BE AUTHORIZED** to enter into agreements with other local boards of health in Ontario for the provision and/or receipt of COVID-19 prevention services, including temporary assignment of human resources, in a form satisfactory to the Director of Legal & Court Services; and
2. That this authorization **EXPIRE** when the COVID-19 pandemic is declared over by the World Health Organization.

Key Facts

- The purpose of this report is to seek approval for the Medical Officer of Health & Commissioner (Public Health & Emergency Services) or their designate to enter into assistance agreements with other boards of health to support response to the current COVID-19 Pandemic.
- When case management and contact tracing around COVID-19 cases is delayed, it leads to ongoing transmission of the COVID-19 virus.
- Due to the unpredictability of the COVID-19 pandemic, some health units have faced challenges during surges of cases to have sufficient staffing resources to contain the virus in their respective jurisdictions.
- Given frequent movement of people across Ontario, uncontrolled COVID-19 outbreaks in neighbouring and nearby regions can lead to increased COVID-19 cases in Niagara and vice versa.
- A cross-jurisdictional assistance agreement will enable Niagara Region Public Health (NRPH) to manage workload pressures when facing acute surges of COVID-19 cases or other response work. Similarly, other local public health agencies will be able access NRPH support when their internal resources are exhausted, preventing the infections in those regions from spreading to Niagara or elsewhere.
- Ensuring timely ability to manage cases and trace contacts is also a provincial metric guiding reopening of the economy.

- Public Health staff are uniquely skilled and trained in case management of Diseases of Public Health Significance (DOPHS) and have the technological skills and ability to access and report information in provincial data systems that provide critical surveillance.

Financial Considerations

In the event that NRPH staff are supporting other local Ontario local public health agencies or vice versa, agreements will preferably be negotiated to allocate staff costs to the agency receiving support. However, in an emergency when such cost-sharing cannot be arranged, it is possible that Niagara Region could benefit from staff of another agency working for Niagara Region Public Health with their home agency continuing to pay all costs. In the opposite arrangement, Niagara Region might continue to provide annual salary provisions to Niagara Region Public Health staff while doing non-Niagara Region Public Health work.

At this time, provincial funding models for COVID related costs have not been formally established. Public Health staff anticipate, based on multiple communications from the Ministry of Health, that all public health COVID-19 expenses will be paid for by the Province at 100%.

Prior to committing Regional staff resources for redeployment to other Ontario local public health agencies, efforts will be made to ensure mechanisms are in place for Regional costs not covered by provincial funding, are able to be recovered from the other Ontario health units. It should be noted that if the Province does not reimburse 100% of these costs and costs are material, staff will bring forward a report to outline the costs and impacts on the Regional levy.

Analysis

At a few points in previous months, some local public health agencies in Ontario have faced unusual surges of cases of COVID-19 that have temporarily overwhelmed their ability to complete timely case management and contact tracing. When COVID-19 cases are not effectively contained in one region, it puts the entire province at risk from infections spreading elsewhere.

To address this risk, many local public health agencies who have had few cases of COVID-19 have lent their services to support other parts of the province with more acute challenges. At least three other regions have benefited from these arrangements

to bring their local surges under control. Niagara Region Public Health has not participated in these given our inability to enter into such arrangements without a lengthy approval process. Fortunately, Niagara Region Public Health has successfully managed to control COVID-19 cases using internal resources thus far.

Given the difference in local public health agency staffing levels, the variation in the number of cases and contacts across the province, and the unpredictability of the pandemic, it is reasonable to expect that some local public health agencies may continue to need additional staffing to support effective case and contact tracing of the COVID-19 pandemic from time to time during acute surges. A local agency's ability to respond in a timely manner and efficiently manage the pandemic is highly dependent on the number of skilled staff who are trained and who are deployed to the pandemic response, along with the volume of cases and contacts requiring follow up. To add further complexity, large-scale outbreaks, which often result in an immediate surge in cases, pose a significant challenge to communities where resources are limited, therefore making containment of the virus difficult.

Niagara Region Public Health has done very well at redeploying staff across the department to operationalize a call centre and support case management and contact tracing. Under normal conditions, the Infectious Disease program operates with 10 full time equivalent staff. As a result of the pandemic, NRPH has redeployed at varying amounts during the pandemic, with an additional 43 FTE with various skill sets currently deployed to provide outbreak management, case management and contact tracing. The average number of COVID-19 cases per day is 6.3 and we have successfully managed 42 outbreaks as of July 14. At present, our current response time is 100% of cases followed up within one business day as well as 100% of contacts successfully reached within a 24 hour period (data extracted July 14). If staffing pressures were to be overwhelmed, the ability to refer and leverage alternative staffing resources would be instrumental to ensuring timely contact tracing of Niagara residents, to slow the spread of infection. As well, ensuring 90% of cases and contacts are reached within 24 hours is a provincial metric for reopening the economy, and ensuring Niagara maintains its excellent performance here is necessary to ensure Niagara does not move backwards in the reopening framework.

Public Health staff already have a level of expertise so that minimal training is need when staff are redeployed to other health unit jurisdictions. They also have unique knowledge and skill in outbreak management, case management and contact tracing, with the ability to connect cases (epi-link) in order to determine the source of the virus.

This expertise is unparalleled and worth leveraging in the face of a pandemic to ensure vulnerable populations are protected and to mitigate fatalities in communities.

Alternatives Reviewed

In the event case and contact management capacity exceeds NRPH current staffing levels, NRPH could reach out to Public Health Ontario (PHO) for support. However while PHO is able to assist with contact follow-up, they cannot conduct the initial case management and contact tracing.

NRPH also has a mutual assistance agreement with a group of other local public health agencies (Hamilton, Haldimand-Norfolk, Brant County, Halton Region, and Waterloo Region). In the scenario of a surge of cases across this part of the province, however, all these local public health agencies might be overwhelmed at the same time.

Relationship to Council Strategic Priorities

Early identification and notification of COVID19 cases and contacts by skilled staff is imperative to limiting and/or stopping the spread of infection in the community. It also has a direct impact on Council's strategic priority for a Healthy and Vibrant Community. Failure to provide timely case management and contact tracing follow up can lead to further spread of COVID19 infection. Additionally, timely follow up is required to meet the Ministry's expectations and standards, which are used for provincial strategic decision making with respect to opening the region in a phased approach—progress to Stage 2 and Stage 3 reopening was predicated in part on Niagara Region Public Health's excellent record of timely case management and contact tracing. The region being provincially provisioned to move into the next phase will support local businesses and economic growth while opening the doors for future planning.

Other Pertinent Reports

MOH 03-2011 Public Health as an Emergency Service

By-law 06-2011 "A By-law to Appoint Acting Medical Officers of Health and Obtain from or Give Assistance to Other Public Health Units for Emergencies or Urgent Projects, and the accompanying Mutual Aid Agreement".

Prepared by:

Carolyn Whiting
Infectious Disease Supervisor
Clinical Services

Recommended by:

M. Mustafa Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health & Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Acting Chief Administrative Officer

This report was prepared in consultation with Beth Brens, Manager Program Financial Support.