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**MEMORANDUM**

**PHD-C 6-2020**

**Subject:** COVID-19 Response and Business Continuity in Public Health & Emergency Services (August 2020)

**Date:** August 4, 2020

**To:** Public Health & Social Services Committee

**From:** M. Mustafa Hirji, Medical Officer of Health & Commissioner (Acting)

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**Current Status as of July 24, 2020**

- The latest updates including statistics can be found at <https://niagararegion.ca/covid19>
- Niagara began to see an increase in COVID-19 cases starting in mid-July. From averaging just under 2 cases per day, Niagara has shifted to averaging just under 5 cases per day July 18–24. This is likely due to the increased interaction amongst persons linked to reopening of the economy, coupled with complacency and fatigue to practicing personal behaviours that slow the spread of infection.
- This trend parallels with trends seen in other parts of Ontario (Ottawa, Peel Region, Windsor-Essex, Simcoe-Muskoka, etc.), other provinces in Canada (Quebec, Manitoba, British Columbia, Alberta), and many other countries around the world (Germany, Spain, Australia, Israel, South Korea, etc.) of a resurgence of cases as the economy re-opens.
- As we try to find the balance between a reopened economy, ongoing surges of cases of COVID-19 followed by attempts to bring them back under control are to be expected.
- Outbreaks in long term care homes and retirement home continue to be relatively controlled with few cases. Ongoing enhanced inspections are continuing to support better IPAC measures. As well, simulations of outbreaks are now being run with these homes to stress test their outbreak practices and help them prepare for the eventuality of a future outbreak.
- In Emergency Services, call volumes for EMS are returning to normal levels business and life resumes. Fortunately, due to reduced hospital offload delays during the previous 12 weeks, Emergency Services is meeting all system performance metrics under the new Mobile Integrated Health model. As volumes continue to return to pre-COVID-19 levels, staff are closely monitoring hospital

delays as the volumes increase. Refer to PHD 05-2020 from last month's meeting for further details. The Emergency Management staff continue to support the Regional EOC activities and provide liaison activities with local area municipality CEMC's and multiple stakeholders.

- Until there is broad immunity throughout the population, COVID-19 will circulate more as we open society more. It remains critical to re-emphasize the importance of physical distancing, hand hygiene, wearing face coverings when one cannot keep distance from others, and being very mindful of one's own health so one can get tested if any symptoms develop. All of these measures protect a person, and the community more widely.
- As Niagara enters Stage 3 of the provincial reopening framework, Public Health & Emergency Services is watching closely for whether the current increase in cases can be levelled off with existing efforts, or whether additional measures may be needed to bring control back to the COVID-19 outbreak. .

### **Previous (June 3) Summary on Business Continuity (Updates Underlined)**

Public Health & Emergency Services deliver essential services year-round to impact the health and health equity of Niagara residents, and to pursue Council's strategic goal of building a Healthy and Vibrant Community. During the current pandemic, the department is playing a central role in the response to protect and mitigate the impacts of COVID-19, while also continuing the essential work around all other health issues that continue to affect residents.

While COVID-19 has commanded the primary focus of Public Health and society at large, it is important to remember that most of the pre-existing health issues continue to exist and are responsible for more deaths (4,500 per year in Niagara) than the projected number of deaths from COVID-19 in Niagara (250–1,000 deaths).

Activity in Public Health & Emergency Services reflects focusing on COVID-19 response, while also ensuring ongoing service to protect the health in other essential areas.

### ***Public Health Emergency Operations Centre for COVID-19***

#### **Current Status of Operations**

Public Health began work in response to COVID-19 on January 8, 2020. As volume of activities grew, the Public Health Emergency Operations Centre was partly activated on

January 28, 2020 to ensure coordination of work and central leadership. By March 9, staff had begun to be redeployed from regular duties to supporting the activities of the Emergency Operations Centre, which was fully activated at this time.

### **Significant Initiatives or Actions Taken**

There are three principle lines of response to COVID-19:

1. **Case, Contact, and Outbreak Management.** Public Health is following-up with every person diagnosed with COVID-19 to ensure they are isolated and no longer infecting others. Public Health identifies all contacts of that person who may also have been infected, and arranges for those contacts to be isolated as well. That way, if they develop illness, they cannot have exposed anyone. By isolating all persons who may be infected with COVID-19, the chain of transmission can be broken. Case and contact management will be critical to ensuring ongoing control of COVID-19 transmission if and when physical distancing measures are relaxed.

A critical subset of this work is advising and supporting the management of outbreaks in long term care homes, retirement homes, and other health care facilities. We have seen that most cases and deaths in Niagara, Ontario, and Canada as a whole have occurred in these settings. Better protecting them and supporting these facilities to manage outbreaks are our top priority.

Public Health usually has 12 staff working on case, contact, and outbreak management year-round for 75 diseases of public health significance (e.g. measles, influenza, salmonella, HIV). Within the Emergency Operations Centre, this has been scaled-up to 56 front line FTE as well as 20 FTE of support staff and 9 supervisory/leadership staff trained to support this, as needed. An additional 30 staff are trained to support case & contact management, but have been deployed back to their home programs given the lower number of cases currently being identified. In addition, Public Health is further expanding its capacity by “out sourcing” some of this work to staff offered by the Public Health Agency of Canada and to medical students. A further potential enhancement would be the ability to enter into assistance agreements with other local public health agencies. The operation now works 7 days a week, 08:00 to 20:00.

2. **Supporting Health Care & Social Services Sector.** The health care and social services sectors play an essential role in supporting those most vulnerable,

including diagnosing and caring for those who contact COVID-19. Public Health has been working with the sector to advise and support protocols that will minimize risk of infection to both clients and staff. We are also helping health care providers acquire personal protective equipment and testing materials.

An additional role around supporting the health care system has been to enable Niagara Health to maximize the capacity of its COVID-19 assessment centres. Public Health has been temporarily assessing and prioritizing persons concerned about COVID-19 for testing at the assessment centres. Public Health is in the process of transitioning this effort to primary care providers so that Public Health staff can shift to focus even more on other elements of COVID-19 response. A dedicated health care provider phone line supports health care providers in providing advice and latest recommendations around COVID-19.

Approximately 20 FTE currently support the health care and social services sector within the Emergency Operations Centre, all redeployed from normal public health work.

3. **Public Messaging.** Given the rapidly changing landscape of COVID-19. Public Health seeks to provide the public with the information to address their fears and concerns, as well as to understand their risk and how to protect themselves. These efforts include a comprehensive web site library of frequently asked questions, an information phone line to speak to a health professional that operates 09:15 to 20:30 on weekdays and 09:15 to 16:15 on weekends, an online chat service with health professionals that operates during the same hours, social media, and approximately 15 media requests per week. Daily, Public Health has over 20,000 interactions with the public across all channels.

Approximately 10 staff have been redeployed from usual public health operations to support the Emergency Operations Centre with public messaging.

In addition to these lines of work, there is significant work around data entry, customizing data systems and process management to make the above three lines of work as efficient and effective as possible. As well, there are comprehensive planning teams, logistics teams, a finance and administration team, and liaison activities. Approximately 45 staff have been reallocated to these activities.

Finally, existing mass immunization plans are being updated and preparedness is underway for if and when a COVID-19 vaccination is available.

## **Operational Outlook**

### **1 month**

- Case & Contact Management capacity readied for deployment as cases increase with increased economic and social interactions

### **3 months to 6 months**

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. The expectation is that current emergency operations would continue with emphasis shifting based on provincial response.
- Assistance agreements may be entered into with other local public health agencies to prepare for managing the risk of a local surge of COVID-19 cases.

## ***Clinical Services Division (Excluding Mental Health)***

### **Current State of Operations**

Most efforts in this area normally focus on infectious disease prevention. Many staff (70.5 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-19 response. However, work is now underway to scale-up sexual health services as well as vaccination cold chain inspections, the latter in preparation for vaccination against influenza. Current operations are focused on

- case and contact management of sexually transmitted infections
- case and contact management of significant infectious diseases (e.g. tuberculosis, measles)
- distributing provincial vaccination stockpiles to primary care
- inspection primary care for appropriate cold chain with respect to vaccinations
- advising primary care around complex immunization scenarios
- emergency contraception
- outreach to marginalized populations around vaccination and sexual health

### **Services/Operational Changes**

- Cessation of immunization clinics
- Cessation of school vaccinations

- Cessation of enforcing the *Immunization of School Pupils Act*
- Cessation of supplying the public with immunization records
- Cessation of sexual health clinics
- Cessation of health promotion around vaccinations
- Cessation of health promotion around healthy sexuality

## **Operational Outlook**

1 month & 3 months

- Return of staff to vaccination and sexual health programs to scale up operations in these areas.

6 months

- If schools re-open in the fall, school-based vaccinations may resume.

## ***Mental Health***

### **Current State of Operations**

Mental Health supports clients in the community who would often otherwise need to be hospitalized. This work is critical to keep people out of the hospital and ensure health system capacity for those with COVID-19. As well, given current challenges around loss of employment, anxiety, and social isolation, delivery of mental health services is more important than ever. 61.8 of 65 staff remain in their role with Mental Health.

### **Services/Operational Changes**

- Shift of some in-person clinics to remote delivery
- Reduction in some volume of work to shift 10 FTE to Emergency Operations and to provide mental health case management in shelters.

## **Operational Outlook**

- 2 staff have returned to Mental Health from emergency operations. Anticipate no changes to current operations over the next 6 months.

## ***Environmental Health***

### **Current State of Operations**

Several lines of inspection that were discontinued due to closures of certain sectors (e.g. food services, personal services, recreational pools) have resumed as those sectors reopen. In addition, other sectors of inspection remain more important than ever (e.g. infection control inspections of long term care homes and retirement homes). No staff remain completely deployed to support Emergency Operations. However, almost all staff are supporting emergency operations in their home program by inspecting COVID-19 prevention measures as part of their normal inspection work, or taking on roles around non-COVID-19 infection prevention normally done by staff redeployed to Emergency Operations. Currently staff focus upon

- Investigation of animal bites for rabies prevention
- Investigation of health hazards
- Foodborne illness complaints
- Food premises complaints
- Infection prevention and control lapse investigations
- Inspection of reopened food premises
- Inspection of housing and infection prevention amongst temporary foreign workers
- Support and advice to private drinking water and small drinking water system operators
- Inspection of reopened recreational water establishments
- Inspection of reopened personal services settings
- Surveillance and prevention of West Nile Virus, Lyme Disease, and other vector born diseases
- Investigation of adverse water quality
- Supporting businesses and other partners with infection prevention and control, especially as many businesses move to re-open
- Supporting operators with other unique health risks from resuming after a period of extended closure, such as flushing and managing stale water in pipes

### **Services/Operational Changes**

- ~~Reduction of food services inspections~~
- ~~Reduction of personal services inspections where services remain prohibited~~
- Increase of infection control investigations of long term care facilities and retirement homes

- Simulations of outbreaks with long term care facilities and retirement homes to increase their preparedness for outbreaks
- Refocusing infection control investigations of day cares to focus on very frequent inspection of those that remain operational

## **Operational Outlook**

### 1 month

- Continuing with intense inspections of long term care facilities and retirement homes, as well as other congregate living locations (e.g. group homes)
- Additional inspections of local farms and workplaces where transmission is likely.
- Loosening of social restrictions has necessitated resumption of inspections of food services, personal services, beaches, and other areas, and this will only increase.

### 3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response.

## ***Chronic Disease & Injury Prevention***

### **Current State of Operations**

Chronic illnesses are responsible for 70% of ill health and lead to more deaths (75,000 deaths per year in Ontario) than are likely to be caused by COVID-10 (Ontario government projects 3,000 to 15,000 deaths from COVID-19). Chronic diseases are likely to be exacerbated during this period of social restrictions. As well, since chronic disease make one more likely to suffer severe illness from COVID-19, mitigating chronic diseases remains a high priority.

Efforts are being consolidated around three areas:

1. Mental health promotion. This reflects the greater risk of persons suffering mental health challenges including suicide during this time.
2. Substance use prevention. This reflects the risk of greater substance use while people are unemployed and lack other means of recreation.



3. Health eating and physical activity. The goal is to ensure physical activity despite current social restrictions, and support healthy eating when mostly fast food is available to purchase for take-out.

The above three priorities align with the underlying causes of most ill health and most deaths in Canada. 39.8 of 45 staff remain in their role supporting work on these health issues.

### **Services/Operational Changes**

- Consolidation of resources around the previously mentioned three priorities
- Elimination of engagement of populations in-person
- Elimination of activities in schools, workplaces, and other public settings
- Cessation of most cancer prevention work
- Cessation of most healthy aging work
- Cessation of most injury prevention work
- Expansion of role of Tobacco Control Officers to also enforce Provincial emergency orders around physical distancing

### **Operational Outlook**

1 month

- Continuing new initiatives
- Working with partners on new opportunities enabled by the pandemic

3 month & 6 month

- Resumption of workshops for smoking cessation
- Roll-out of major suicide-prevention initiatives
- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response. Loosening of social restrictions will enable delivery of programming with more direct engagement.

## ***Family Health***

### **Current State of Operations**

There continues to been redeployment of roughly half of 121 FTE in Family Health to support Emergency Operations.

Families in Niagara are burdened now more than ever to try to provide safe and healthy care, environments and opportunities for children. The Family Health division continues to provide essential services for families with a small number of staff. Limited services are provided by phone, live chat and virtual access to nurses through **Niagara Parents** where families can seek support with breastfeeding, parenting, pregnancy, postpartum mental health and child health issues.

Efforts are now underway to plan with schools on how school health programming may be delivered this fall. The Healthy Babies Healthy Children program has begun transitioning back to in-person visits with physical distance to better support families, as well as in-person screening in the hospitals. The Nurse Family Partnership has also been able to transition to mostly in-person visits using physical distance having maintained visiting at pre-COVID levels for the prior 3 months with more virtual visits. Figure 1 shows an example of how Family Health has continued to support our most vulnerable clients through the pandemic.

Staff are focusing their efforts on the following areas:

- Prenatal/postnatal support
- Supporting vulnerable families
- Parenting supports
- Providing enrollment and information towards emergency dental care

Home visiting programs for some of our most vulnerable families are also offering virtual support to assist with

- adjusting to life with a new baby,
- addressing parenting concerns,
- promoting healthy child development,
- accessing other supports and services as they are available, and
- assessing for increased risk related to child protection

## Services/Operational Changes

- Cessation of dental screening
- Cessation of dental services
- Cessation of breastfeeding clinics
- Cessation of well baby clinics
- Cessation of school health activities
- Shifting all prenatal/postnatal support to virtual options from in-person service
- Shifting home visits to remote connections

For the period of March 16, 2020 to July 11, 2020:

- 254 registrants for online prenatal education
- 1,100 HBHC postpartum screens and assessments completed by PHN
- 927 HBHC home visits
- 352 Nurse Family Partnership visits
- 185 Infant Child Development service visits
- 358 Breastfeeding outreach visits
- 848 interactions with Niagara Parents (phone, live chat, and email)
- 185 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 95 families received support and skill building through Triple P Individualized Parent Coaching

## Operational Outlook

1 month

- Resume breastfeeding clinics

3 month & 6 month

- Future operations will depend on Provincial policy decisions around COVID-19 response. Loosening of social restrictions will enable delivery of programming with more direct engagement, as well as engagement within schools.
- Resumption of dental clinics and fluoride varnish administration is also being planned for the fall.
- Positive Parenting Program being planned for resumption in the fall. There has been high uptake to virtual class options.

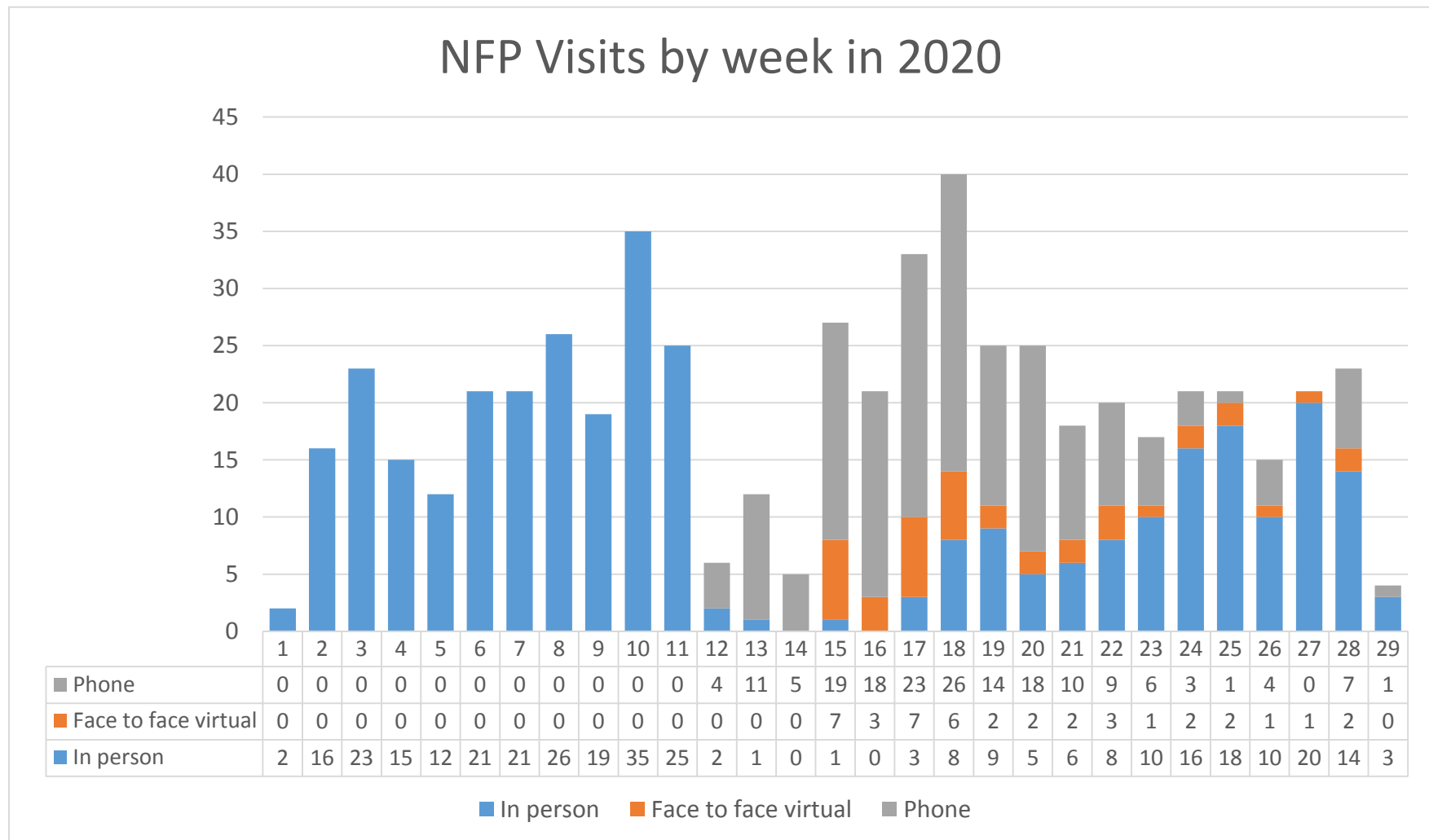


Figure 1. Visits by the Nurse Family Partnership program, according to type of visit. The program was able to maintain service to clients except for a 3 week interruption.

## ***Organizational and Foundational Standards***

### **Current State of Operations**

Organizational and Foundational Standards supports the data analytics, program evaluation, quality improvement, professional development, communications, engagement, and customer services activities of Public Health. There has been redeployment of 35 of 39 staff to Emergency Operations. Ongoing activity includes

- Opioid surveillance reporting
- Active screening of staff at Regional buildings
- Managing data governance and privacy issues

### **Services/Operational Changes**

- Cessation of public health surveillance work
- Cessation of most public health communications and engagement work
- Cessation of public health data analytics
- Cessation of expanded implementation of electronic medical record system
- Cessation of all public health quality improvement work
- Cessation of Public health applied research
- Cessation of evaluating public health programs
- Cessation of public reception service in Public Health buildings
- Scaling back data governance initiative

### **Operational Outlook**

- Expectation is that resources will remain reallocated to Emergency Operations for at least 6 months.

## **Emergency Medical Services**

### **Current State of Operations**

Emergency Medical Services (EMS) continues to dispatch land ambulance services to the population calling 911, as well as modified non-ambulance response to 911 calls as appropriate (the System Transformation Project). At present, call volumes are slightly below baseline, and operational response is normal. There are some paramedics who have been exposed to COVID-19 and must be off work to protect their patients and co-

workers. EMS is facing increased pressures around personal protective equipment procurement given global shortages.

### **Services/Operational Changes**

- Providing enhanced community support through COVID-19 specific programs (refer to PHD 05-2020 for additional details)

### **Operational Outlook**

1 month

- The Pandemic Plan for response prioritization remains in place in case there is a resurgence of cases in Niagara. This is a unique plan to Niagara, enabled by Niagara's local control and tight integration of both ambulance dispatch and the land ambulance services.

3 month & 6 month

- Projections on operations in the future will depend on Provincial government policy decisions around COVID-19 response, and the subsequent circulation of COVID-19 in the population. Higher COVID-19 circulation would create demand for more calls to 911 as well as increase risk for EMS staff who must be off work due to COVID-19 infection or exposure. As 911 calls increase and/or staff are unable to work, the Pandemic Plan will prioritize which calls continue to be served, and which 911 calls receive a modified response (e.g. phone call and advice from a nurse) or no response.

### ***Emergency Management***

#### **Current State of Operations**

Emergency Management is currently fully deployed to supporting the Regional Emergency Operations Centre and advising the Public Health Emergency Operations Centre. Emergency Management is also deeply engaged with supporting emergency operations teams at the local area municipalities, as well as other key stakeholders (e.g. Niagara Regional Police, fire services, Canadian Forces). The CBNRE team has also been supporting emergency operations part time. Paramedics are also assisting with staffing the shelter system.

### **Services/Operational Changes**

- Cessation of preparedness activities to focus fully on current response to COVID-19.

### **Operational Outlook**

1 month

- Ongoing support of current Emergency Operations Centres while also assisting local area municipalities around other anticipated non-COVID-19 emergencies

3 month

- Ongoing support of current Emergency Operations Centres while also increasingly supporting recovery planning efforts

6 month

- Ongoing support of current Emergency Operations Centres and recovery planning efforts. There may be some elements of recovery planning that can begin to be implemented by this date.

Respectfully submitted and signed by

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