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## MEMORANDUM

**Subject:** COVID-19 Response and Business Continuity in Public Health & Emergency Services (January 2021 Update)

**Date:** January 12, 2021

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

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

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### Current Status as of January 4, 2021

- The latest updates including statistics can be found at <https://niagararegion.ca/covid19>
- Globally, the Western world continue to experience a resurgence of COVID-19.
- Most countries in Europe [have reinstated national lockdowns](#) to bring COVID-19 back under control, while other countries are instituting geographic lockdowns. Some of these lockdowns are starting to be lifted.
- As Canada grapples with the surge of cases, most provinces have instituted province-wide measures that resemble partial lockdowns, including BC, Alberta, Manitoba, and Quebec, as well as the territory of Nunavut. [BC has now introduced a mask mandate](#) for indoor spaces, while [Alberta has instituted a partial mandate](#).
- Effective December 26, Ontario has followed suit with a provincial “shutdown” as well.
- The Shutdown addresses the ongoing social activity of the public that has continued to allow COVID-19 to spread. Early examination of mobility data has not necessarily led to the desired staying home of the public, similar to what we saw with the spring lockdown. If that trend holds, it will likely mean that infections do not come down over the course of the Shutdown, and a longer Shutdown may become necessary. As well, spikes of infection due to festivities over the holidays could negate the impacts of the Shutdown, necessitating it be extended.
- [Outbreaks in long term care homes and retirement homes](#) are much increased, with more residents affected, reflecting the trend of cases in the community. Tragically, this is the population at greatest risk of severe illness and death, and

so we have seen a sharp increase in deaths in Niagara in recent weeks as a result.

- High community cases are also increasing the risk to Public Health and EMS staff who are at greater risk of becoming infected, or isolating due to family or other close contacts becoming infected. Indeed, [in EMS, this is having impacts on staffing](#).
- With high case volumes in the community, Public Health capacity is being stretched in several ways:
  - Increased work to follow-up with each person infected with COVID-19 and all of their contacts,
  - Each person infected with COVID-19 typically now has a very large number of contacts as compared to in previous months, so each new case of COVID-19 is requiring more work for management.
  - Increased cases in the community are leading to increased cases in persons associated with schools, child care, long term care, retirement homes, and other institutions. All of these require significant work by Public Health to prevent and/or manage outbreaks.
- To deal with the surge of work associated with the new cases, Public Health has again scaled back and stopped other program areas to focus on COVID-19. Programs such as vaccination and dental health are unlikely to be able to operate this year; other programs such as mental health and child health will need to be further scaled back, depriving vulnerable residents of needed support. The limits of scaling back other work to find capacity have been reached now; no further opportunities for redeployment remain.
- In absence of further opportunities to increase staffing, Public Health is now forced to scale back the quality and extent of case and contact follow-up we are conducting. This unfortunately means we are less able to identify sources of infection, and less able to find and isolate all contacts who might continue to spread COVID-19 infection.
- Other [Boards of Health in Ontario are investing](#) additional funding into Public Health to ensure a strong pandemic response, [as well as the continuation of robust programs](#) to support the health of the public from all other health issues which have been exacerbated by the Pandemic. Niagara Region Public Health is attempting to hire temporary positions (as opposed to permanent positions similar to our peers) to manage the pandemic response, but given the intense competition province-wide to hire staff, there has been only limited success in recruitment. For example, it took over 3 months to recruit the complete complement of 20 new nurses for the enhanced school health program funded by

the Ministry of Health. After over 3 months, Niagara remains unable to recruit a replacement Associate Medical Officer of Health. Given a highly competitive job environment where qualified staff are in demand by hospitals, long term care, primary care, and public health in every region of the province, Niagara Region has proven not to be sufficiently competitive to secure needed staff in this environment. The impact of this could be exacerbation of health problems in Niagara relative to our peers.

- In Emergency Services, call volumes for EMS have largely returned to normal levels as business and life has resumed.
- EMS is closely monitoring patient flow within local emergency departments and working with Niagara Health to ensure capacity and surge planning for anticipated COVID-19 related hospitalizations. The recent closure of GNGH to admissions is impacting patient flow.
- Emergency Management continues to support both Regional and Local Area Municipal EOC's for coordinated response and business continuity planning.

## **Previous (December 8) Summary on Business Continuity**

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/Pandemic Response Division***

#### **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. Currently 131 staff work in COVID-19 emergency response (35% of staff complement in Public Health), as well as an additional 42 staff on contract to support the response with 31 additional staff being recruited.

Emergency Operations are currently in the process of being transitioned to the new temporary Pandemic Response Division to consolidate most pandemic response activities, and streamline reporting lines and management processes. This was explained in more detail in [CWCD 299-2020](#).

## 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 over 100 staff. 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. With Council’s approval received on August 13, 2020, there is now the ability to enter into assistance agreements with other local public health agencies to further expand capacity if needed. However, with most parts of the province experiencing surges of cases, it is unlikely Niagara will be able to leverage the support of others. The case/contact/outbreak management operation now works 7 days a week, 08:00 to 20:30.

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 contract 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.

A dedicated health care provider phone line supports health care providers in providing advice and latest recommendations around COVID-19.

Approximately 5 FTE currently support the health care and social services sector within the Emergency Operations Centre, all redeployed from normal public health work.

- 3. Supporting Schools & Child Care.** A new call line has been created to support schools, teachers, staff, and child care operators with keeping children safe in their reopening's. Supporting these sectors is a priority in terms of protecting vulnerable children as well as older staff who may work in these settings and are at risk of severe illness. However, it is also a priority given the potential for children to spread infections through families and through the large populations in schools which could trigger a second wave. As well, successful reopening of schools and child care is critical for our economic recovery to enable parents to return to work. This is a particular equity issue for women given the disproportionate role women play in child care. Approximately 40 staff, including the 20 new provincially-funded hires are supporting schools and child care.

Since the reopening of schools, the school health team has

- Managed over 1000 clients who are cases or contacts of COVID-19 and associated with a school
  - Provided 350 consultations to schools
  - Provided, on average, 5 engagements with each school
  - Conducted, on average, 4 in-person visits a week to schools in Niagara to do proactive infection prevention work
  - Supported 145 school staff with virtual professional development around preventing COVID-19
  - Provided resources that have been accessed over 10,000 times (on-line or in hard copy) by school staff or school boards.
- 4. 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 on 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.

Due to recent increase in cases for COVID-19, Public Health is reducing staff available for the informational phone line and online chat, to increase more staff in case and contact management. There will also be a reduction of the hours of the call centre, so that it closes at 19:15. With these changes, wait times for callers are unfortunately increasing. Public Health is looking at options to outsource this work.

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 surged to deal with additional workload. Simultaneously, there is a reduction of service being provided to the public.

3 months

- As the Shutdown and vaccination reduces cases, Public Health hopes to return to case and contact management operations more similar to the rest of the fall.
- ~~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.~~

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.

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

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

Most efforts in this area normally focus on infectious disease prevention. Many staff (60 FTE of 84 total) have been reallocated to the Emergency Operations Centre for COVID-19 response. 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
- 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

~~It is a priority to develop a plan to resume school vaccinations and enforcement of the *Immunization of School Pupils Act*. However, the recent surge of cases threatens the ability to restart vaccinations. With the current state of COVID-19 cases, it is very unlikely any school vaccinations will take place this year.~~

## **Operational Outlook**

1 month & 3 months

- Return of staff to vaccination and sexual health programs to scale up operations in these areas.
- Attempt to resume school-based vaccinations.
- Plan for enforcement of the *Immunization of School Pupil's Act*.

## ***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. With the resurgence of COVID-19, some staff have again been redeployed to the COVID-19 response, affecting waiting times for Mental Health services. Two staff returned to Mental Health have once again been reassigned to pandemic response.

### **Services/Operational Changes**

- Shift of some in-person clinics to remote delivery
- Reduction in some volume of work to shift 6 FTE to provide mental health case management in shelters.

## **Operational Outlook**

- With the resurgence of COVID-19, staff have been redeployed to COVID-19 response, and likely will remain redeployed for several more weeks.
- Mental Health services are expected to continue to have long waiting times given loss of staff to COVID-19 response.

## ***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. For early October, 1 staff person has been formally 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 borne 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**

- 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 have now been discontinued
- Refocusing infection control investigations of day cares to focus on very frequent inspection of those that remain operational
- Inspections conducted as part of COVID-19 case and outbreak investigations in workplaces and public settings

## **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 heavily 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. Of 35 staff, 29 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**

4 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 be redeployment of 79 of 144 staff in Family Health to support Emergency Operations. As well, 20 school health staff while not formally redeployed, work overwhelmingly in COVID-19 response. In addition, most staff working in normal assignments are managing the exacerbated harms from the pandemic on other health issues.

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.

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
- 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 November 14, 2020:

- 491 registrants for online prenatal education
- 2,420 HBHC postpartum screens and assessments completed by PHN
- 1,678 HBHC home visits
- 742 Nurse Family Partnership visits
- 408 Infant Child Development service visits
- 652 Breastfeeding outreach visits
- 1,659 interactions with Niagara Parents (phone, live chat, and email)
- 170 moms received support and skill building through our cognitive behavioural therapy post-partum depression group
- 117 visits to families received support and skill building through Triple P Individualized Parent Coaching

## **Operational Outlook**

1 month

- Resumption of breastfeeding clinics has been halted due to redeployment of staff to support COVID-19 again.

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.
- Breastfeeding clinics may resume in the winter.
- Resumption of dental clinics and fluoride varnish administration is also being planned for the winter.
- Positive Parenting Program being planned for resumption in the fall. There has been high uptake to virtual class options.

## ***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 34 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 have returned to expected values and operational response is normal. EMS has moved from the Monitoring stage of their Pandemic Protocol back to the Awareness stage following

the recent increase in COVID-19 cases and the impact on resources. EMS is experiencing many staff in all areas of EMS operations needing to self-isolate due to family testing requiring business continuity procedures to be enacted. EMS continues to face pressures around personal protective equipment procurement as global shortages continue.

### **Services/Operational Changes**

- Providing enhanced community support through COVID-19 specific programs (refer to PHD 05-2020 for additional details)
- Additional requests by the Province for EMS to supplement community support through enhanced Mobile Integrated Health services – 100% funding for any new initiatives approved by the LHIN

### **Operational Outlook**

1 month

The Pandemic Plan for response prioritization remains in place. 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.
- A mid-response review is being conducted by staff to assess the functionality and effectiveness of emergency management coordination internally and with external stakeholders, primarily LAM EOC's to identify what is/has worked well and opportunities to improve emergency management coordination as the emergency continues

### **Operational Outlook**

Ongoing support of current Emergency Operations Centres and recovery planning efforts. There are some elements of recovery planning that are begin implemented.

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