

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

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FURTHER ADJUSTMENTS TO HEALTH UNIT SERVICES DURING PANDEMIC

Recommendations

It is recommended that the Board of Health receive Report No. 016-20 re: “Further Adjustments to Health Unit Services During Pandemic” for information.

Key Points

- In March 2020, health unit services were prioritized to redeploy resources to respond to the COVID-19 pandemic, with urgent client services maintained.
- Several services are now being offered in innovative ways that reduce or eliminate risk to clients and staff.
- Additional prioritization and adjustment of service delivery processes is underway, to promote client and staff safety and conserve personal protective equipment for when it is most needed;
- further adjustments may be implemented, if required.

Background

Early in its COVID-19 response, the Middlesex-London Health Unit (MLHU) prioritized its services to allow for the redeployment of employees to address the coronavirus pandemic. To determine which services would remain in place, senior leaders weighed the potential costs of withdrawing urgent public health services with the potential risks to staff and clients in continuing to operate.

For urgent services that continued, steps were taken to adjust service delivery methods and processes to ensure the safety of clients and staff. Criteria considered when making adjustments included: 1) implementation feasibility, 2) adherence to infection prevention and control practices, and COVID-19 guidance being provided by MLHU to others, and 3) alignment with client-centred care principles. These initial adjustments were made in consultation with Program Managers, direct service provider staff, and relevant Incident Management System (IMS) sections (Incident Manager, Safety, Operations).

Further Adjustments to Health Unit Services

IMS Continuity of Operations and the Medical Officer of Health have determined additional prioritization and adjustment of service delivery processes to further enhance client and staff safety and conserve personal protective equipment for when and where it is needed most. These additional steps are currently being implemented; further adjustments will be made, if required.


The chart below outlines clinical services that remain in place during the pandemic. Each of these services engages in active screening, point-of-care risk assessment, and the appropriate use of personal protective equipment. Urgent tobacco enforcement, public health inspections and consultations, and other prioritized environmental health services continue, with processes adjusted as needed to ensure employee and community member safety. Processes in receiving have also been altered to ensure staff and courier safety, and staff and clients interacting at reception are protected by a physical barrier.

Team	Service Meeting Criteria for PPE Use	Current	Further Adjustments
IDC	TB Clinic	Clinic offered monthly	Continue to offer clinic monthly
	TB Direct Observed Therapy (DOT)	In-person visits daily	Move to video-DOT (V-DOT) as default, with in-person visits only when a strong case
VPD	Vaccine Distribution	Processes adjusted to ensure staff/courier safety	Continue with adjusted processes
	Immunization Clinic	All immunization services offered in clinics twice a week	Continue with all services offered in clinics 2x/week (paid vaccines not priority)
SH	Family Planning Clinic	Clinic offered 4x/week, with service recently being provided by OTN for several clients	Clinic offered 2x/week by OTN only, and 2x/week with in-person appointments
	STI Clinic	Clinic offered 3x/week	Offer clinics 2x/week with longer hours. Cancel monthly PREP clinic and incorporate clients in STI clinic.
	Needle Exchange	Processes recently adjusted to ensure physical distancing	Continue with adjusted processes
	Dispensary	Available daily; fixed physical barrier	Continue to offer daily; keep physical barrier
CO&CCS	Outreach	Outreach provided by 4 staff	Outreach provided by 3-4 staff
BB	HBHC & NFP Home Visits	Processes recently adjusted so most services provided by phone, with 10-15 home visits/week; launching OTN use	Consider phone / OTN as default approach; only provide home visits if there is a strong case.
EY	Breastfeeding Home Visits	Processes recently adjusted so most services provided by phone, with 10 home visits/week; launching OTN use	Consider phone / OTN as default approach; only provide home visits if there is a strong case.
OH	EESS Clinic	Clinic offered 1x/week	Continue to offer clinic weekly
CDPTC	Quit Clinic	Clinic offered 3x/week; processes recently adjusted to provide service by phone, and ensure physical distancing on NRT pick-up/drop-off	Continue to offer clinic 3x/week. Consider phone / OTN as default approach; continue with adjusted pick-up/drop-off processes

Conclusion

Ensuring urgent public health services remain available during the COVID-19 pandemic is critical for the health of our community. MLHU has adjusted services and processes as needed to meet its priorities of keeping staff and clients safe, and conserving personal protective equipment for when it is most needed.

This report was prepared by IMS Continuity of Operations.



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