



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health  
Michael Clarke, CEO (Interim)

DATE: 2020 November

---

## **STATUS REPORT ON MLHU'S COVID-19 RESPONSE CAPACITY AND IMPACTS ON NON-COVID-19 PROGRAMS**

### ***Recommendation:***

*It is recommended that the Board of Health receive Report No. 050-20 re: "Status report on MLHU's COVID-19 response capacity and impacts on non-COVID-19 programs" for information.*

### **Key Points**

- In July 2020, the Board of Health approved a significant investment to support MLHU's response to the COVID-19 pandemic. The investment recognized that the ongoing pandemic response required additional resources that corresponded to the expanded mandate of the MLHU.
- Since that time, MLHU has temporarily increased the organization's workforce by approximately 60 FTE, with an increased headcount of 54 people. As a result, MLHU has been able to continue portions of its pre-pandemic operations.
- However, given subsequent waves of COVID-19 and a rising baseline incidence of disease, ongoing redeployments have been required from other programs across MLHU.
- If the incidence of COVID-19 continues to rise or fails to fall, the MLHU will have to continue to prioritize activities in both the COVID-19 response and non-COVID-19 programs.

### **Background**

The first laboratory-confirmed COVID-19 case in the Middlesex-London region was reported to the Middlesex-London Health Unit (MLHU) on January 24, 2020. Up to November 18, 2020, a total of 1,391 confirmed COVID-19 cases and 63 related deaths have been reported among residents of Middlesex and London.

The pandemic has resulted in a substantial increase in work for the MLHU, including surveillance, case and contact management, outbreak response, health communication, guidance and enforcement of public health measures and regulations, and liaison with health and non-health sector partners. During the first wave of the pandemic, spanning from mid-March to June 2020, the response required substantial overtime and redeployment of up to 70% of the organization. This redeployment significantly limited and constrained other MLHU operations.

In July 2020, to continue important pre-pandemic work and support the ongoing pandemic response, the Board approved a plan for a sustainable response to COVID-19. The proposed response was structured around three tiers of escalating levels of COVID-19 prevalence in the community. The initial proposal was

structured and resourced to respond to the initial two tiers. At the third tier, redeployment of staff from across the organization would be required once again.

As of November 2020, a majority of the enhanced staffing positions have been filled. In addition to the Board-approved enhancements, in July 2020 the provincial government also provided one-time funding to hire additional public health nurses to support schools. Since July 2020, MLHU has temporarily increased its workforce by approximately 60 FTE, with an increased headcount of 54 people. A full update is detailed in Appendix A.

Level	Seven Day Incidence per 100,000*	Hours of Operation	Days at this Level since March 1	Percent of days
<b>1 – Baseline</b>	< 2.8	Monday to Friday 9 am to 5 pm	65	26.0%
<b>2 – Program Surge</b>	2.8 to 6.9	Seven days per week 9am to 8pm	78	31.2%
<b>3 – Redeployment Surge</b>	≥ 6.9	Seven days per week 9am to 8pm	107	42.8%

**Table 1:** MLHU's tiered response to COVID-19. \* The values for seven day incidence per 100,000 listed in this table are equivalent to daily case counts of <2, 2-5, and >5 per day in Middlesex and London which are found in the initial COVID-19 program proposal submitted to the Board of Health in Report 032-20 in July of 2020.

### Ongoing Redeployments

Despite this significant increase in personnel, redeployments continue to be regularly required. Redeployed staff are engaged in all aspects of the pandemic response, including but not limited to case and contact management, outbreak and facilities management, and hotline response.

The need for redeployments to respond to the pandemic has been driven by the following:

- The incidence of COVID-19 has been consistently higher than what was estimated in June 2020, suggesting that the incidence at which the baseline tier was established was too low. Since March 1, 2020, the Middlesex-London region has only been at Level 1 for approximately 26% of the time (Table 1).
- The needs of the community for information and support, even at low incidence, are substantial and require a seven day per week response.

### Anticipated demands for COVID-19 response

Ensuring rapid and robust case and contact management has proven to be critical in the COVID-19 response. Since the beginning of the pandemic, MLHU has consistently been able to follow-up with over 90% of cases and contacts within 24 to 48 hours. Both at MLHU and in other jurisdictions, case and contact management has shown to be an important intervention in containing and mitigating the pandemic.

Since September, the weekly incidence of COVID-19 has risen across the province. This rise has been, to date, most notable in Toronto, Peel, York, and Ottawa. Of these, Ottawa has uniquely managed to curb its rising incidence. Among other factors, Ottawa has maintained rapid follow-up with cases and contacts, whereas contact tracing has been substantially compromised in most other Ontario jurisdictions with comparably high rates.

In Middlesex-London, the weekly incidence has risen dramatically through October and November. The provincial government has indicated through its COVID-19 Response Framework that substantial public health measures and restriction would be put in place once a weekly incidence of 40 cases per 100,000 population was reached. Despite both internal and external redeployments, at this weekly incidence, MLHU would be at significant risk of failing to reach a majority of case and contacts within the preferred time period.

### **Impacts on non-COVID-19 program areas**

As a result of the ongoing and predicted COVID-19 demands, important pre-pandemic public health work has been on hold. In addition, the pandemic has created additional needs and demand for public health work beyond infectious diseases. All divisions have had to substantially prioritize work, particularly with regards to health promotion and disease prevention activities. The full impact of redeployments and prioritization on non-COVID-19 programs is detailed in Appendix B.

### **Summary**

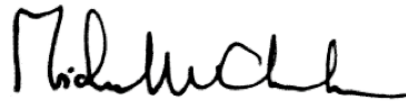
Community control of the COVID-19 pandemic in the Middlesex-London region has been achieved through unprecedented and intensive physical distancing and aggressive case and contact management. As physical distancing restrictions are relaxed and in the absence of a vaccination, COVID-19 remains a significant risk to the population. The experience of other jurisdictions globally suggests the potential of recurrent waves of infection.

To continue to respond to the demands of COVID-19, redeployments from non-COVID-19 programs will continue to be necessary for the foreseeable future, and may need to escalate. This will limit the capacity of MLHU to work on non-COVID-19 public health issues. Prioritization of resources will continue to be necessary to respond to existing public health priorities and the demands of COVID-19, and additional resources may be needed in the near future.

This report was prepared by the Associate Medical Officer of Health, the COVID-19 Incident Management Team, and the Senior Leadership Team.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health



Michael Clarke, PhD  
CEO (Interim)

**Appendix A – Status of Enhancements approved in July 2020***COVID-19 Program*

<b>Role</b>	<b>FTE</b>	<b>Number of Staff</b>	<b>Status</b>
Associate MOH	1	1	On hold
Manager, Covid-19	1	1	Filled
Supervisor, Covid-19	3	3	Filled
Case Investigators	22	22	Filled
Program Assistant	4	4	Filled
Health Promotion Specialist	1	1	On hold
Contact Tracer	18	30 casual	17 filled, Interviews continuing

*Non-COVID Program Enhancements*

<b>Role</b>	<b>FTE</b>	<b>Number</b>	<b>Status</b>
Case Investigators, Infectious Disease Control	5	5	Filled
Program Assistant, Infectious Disease Control	1	1	Filled
Community Outreach PHN	1	1	Filled
Environmental Health PHI	2	2	Filled
Communications Supervisor	1	1	Filled
Epidemiologist	1	1	Filled
Program Evaluator	0.5	0.5	Filled
Human Resources Coordinator	1	1	Filled
Occupational Health and Safety Specialist	1	1	In progress
Payroll and Benefits Coordinator	1.0	1.0	In development

Client Service Representative (CSR)	2	2	Filled
Shipping and Receiving Coordinator	1	1	Filled
School PHNs	20	20	Filled

**Appendix B - Impacts of pandemic on non-COVID-19 programs**

*Office of the Medical Officer of Health*

Team	Program Impacts
<b>Population Health Assessment and Surveillance</b>	The program has been singularly focused on the pandemic response, and the following initiatives have been placed on hold: <ul style="list-style-type: none"> <li>• Updating and maintenance of the Community Health Status Resource</li> <li>• Support of divisional activities, including data support for program planning</li> <li>• Development of geographical data visualizations</li> </ul>
<b>Community Outreach and Clinical Support Services</b>	The following programs have been impacted: <ul style="list-style-type: none"> <li>• Optimization of the Intake Line service</li> <li>• Development of harmonized clinic services</li> <li>• Decreased outreach capacity</li> </ul>
<b>Office of the Chief Nursing Officer</b>	The following programs have been placed on hold: <ul style="list-style-type: none"> <li>• Nursing Practice Council</li> <li>• Professional development initiatives and CQI</li> <li>• Development/updating of medical directives, policies, and practice guidelines</li> <li>• Client experience assessment</li> <li>• Health equity staff capacity building</li> <li>• Health equity indicator work</li> <li>• Implementation of MLHU reconciliation plan recommendations</li> </ul>
<b>Communications</b>	The following initiatives have been placed on hold: <ul style="list-style-type: none"> <li>• In-person visits to healthcare provider offices</li> <li>• Development of Healthcare Provider Outreach program resources</li> <li>• 2019 Annual Report</li> <li>• Campaign to highlight MLHU move to Citi Plaza including Grand Opening event</li> <li>• Health campaigns, including: Pool Safety / Drowning Prevention; <i>Picture Your Property Smoke-Free</i>; STI risks</li> <li>• Release and promotion of the CTS Client Photo Study and Report</li> <li>• Updates to MLHU print resources</li> <li>• Development of revised Corporate Graphic Standards program</li> <li>• Corporate logo development</li> </ul>

*Health Organization Division*

Team	Program Impacts
<b>Human Resources</b>	The following programs have been placed on hold: <ul style="list-style-type: none"> <li>• Job evaluation and pay equity</li> <li>• HR Policy development and review</li> </ul>

	<ul style="list-style-type: none"> <li>• Agency wide implementation of Dayforce modules</li> <li>• Internal training (EG leadership development, Fit to work/impairment in the workplace, Crucial Conversations and Dayforce training)</li> </ul>
<p><b>Privacy, Risk and Governance</b></p>	<p>The following programs have been placed on hold:</p> <p>Governance</p> <ul style="list-style-type: none"> <li>• Governance Policy and By-Law Review – Resumed November 2020</li> <li>• BOH Self Assessment</li> <li>• BOH development</li> <li>• Board Risk Management Report – Q3 2020 SAR deferred</li> </ul> <p>Risk</p> <ul style="list-style-type: none"> <li>• Risk Monitoring and Reporting –Urgent Consults only</li> <li>• Administrative policy development and review</li> </ul> <p>Privacy</p> <ul style="list-style-type: none"> <li>• Limited capacity for consultation and Privacy impact assessment</li> <li>• Unable to implement auditing of ECR access</li> </ul>
<p><b>Strategic Projects</b></p>	<p>The following programs have been placed on hold:</p> <p><u>Strategic Planning and Monitoring</u></p>
<p><b>Program Planning and Evaluation</b></p>	<p>The following programs have been placed on hold:</p> <p>Privacy and Records</p> <ul style="list-style-type: none"> <li>• Records Classification System/Retention Schedule (CS/RS) and file plans</li> <li>• Records management consultation and support</li> <li>• Plan for retention, access and destruction of inactive physical records</li> </ul> <p>Program Planning and Evaluation</p> <ul style="list-style-type: none"> <li>• Program planning and evaluation consultations and support</li> <li>• Planning and evaluation project delivery</li> <li>• Development/review of program procedures and practice policies, medical directives administration, etc.</li> <li>• Client experience measurement</li> <li>• Integration of health equity lens into MLHU Planning and Evaluation Framework</li> <li>• Enhancements to resource lending system</li> </ul>

Team	Program Impacts
<b>Chronic Disease Prevention and Tobacco Control</b>	<p>All program interventions (Test Shopping, healthy eating and food insecurity, etc) and community partnerships have been on hold since March 11<sup>th</sup> with the exception of the following:</p> <ul style="list-style-type: none"> <li>• Quit Clinic, with modified services</li> <li>• Tobacco Control &amp; Enforcement, with modified inspection processes</li> <li>• Harvest Bucks availability</li> </ul>
<b>Oral Health</b>	<p>All program interventions have been on hold with the exception of the following:</p> <ul style="list-style-type: none"> <li>• EESS Clinic – The clinic continues to be offered twice a week (half days)</li> <li>• Note: Oral Health screening will begin to be offered in schools in late November, pending the need for further redeployments.</li> </ul>
<b>Healthy Communities and Injury Prevention</b>	<p>All program interventions and community partnerships have been on hold since March 11<sup>th</sup>, including substance use, falls prevention and healthy aging, workplace health, mental health promotion, violence prevention, road safety, ASRTS and physical activity.</p>
<b>Southwest Tobacco Control Area Network</b>	<p>All program interventions have been on hold since March 11<sup>th</sup> with the exception of social media postings for World No Tobacco Day and the development of health information on Smoking, Vaping and COVID-19.</p>
<b>Child Health and Young Adults</b>	<p>Primarily focused on COVID-19 response in schools, including supporting school boards and school administrators in adapting protocols and process for COVID-19, as well as, performing case contact work with school related COVID-19 cases in conjunction with the COVID-19 team.</p>

*Healthy Start*

Team	Program Impacts
<b>Reproductive Health Team</b>	<p>All program interventions and community partnerships have been on hold since March with the exception of the following:</p> <ul style="list-style-type: none"> <li>• Offering e-codes for free access to free online self-directed prenatal education.</li> <li>• Providing grocery cards to SSFB clients registered in March (until their baby’s birth)</li> </ul>
<b>Early Years Team</b>	<p>All program interventions and community partnerships have been on hold since March with the exception of the following:</p> <ul style="list-style-type: none"> <li>• Providing telephone, virtual and in-person support to mothers experiencing breastfeeding challenges</li> </ul>



	<ul style="list-style-type: none"> <li>• Providing telephone support related to healthy growth and development M-F, 8:30am-4:30pm</li> </ul>
<p><b>Best Beginnings Teams (3)</b></p> <ul style="list-style-type: none"> <li>- <b>Healthy Babies Healthy Children (HBHC)</b></li> <li>- <b>Nurse-Family Partnership® (NFP)</b></li> </ul>	<p>The HBHC program has continued throughout the pandemic, with services offered by phone, virtually, and in-person when needed, and with minimal redeployment to COVID-19 work. Postpartum HBHC screening at the hospital has continued, with some modifications. Through much of the pandemic, Family Home Visitors have been redeployed to COVID work, only periodically providing family support by phone or virtually.</p> <p>The NFP program has continued throughout the pandemic, with services offered by phone, virtually, and in-person when needed.</p> <p>Internal staff shifting to temporary assignments has resulted in the need to onboard and educate multiple new nurses into these programs.</p>

*Environmental Health and Infectious Diseases*

Team	Program Impacts
<p><b>Infectious Disease Control</b></p>	<ul style="list-style-type: none"> <li>• All but one Public Health inspector redeployed to COVID</li> <li>• Prioritized inspection of high-risk settings</li> <li>• Medium- and low-risk settings to be inspected on complaint basis only</li> <li>• Institutional cold-chain inspections deprioritized</li> <li>• Decreased capacity to follow up with non-COVID community outbreaks</li> <li>• Reduced active management of Latent Tuberculosis Infections (LTBI)</li> </ul>
<p><b>Vaccine Preventable Disease</b></p>	<ul style="list-style-type: none"> <li>• Prioritization of maintaining school immunization program including catch-up activity for missed immunizations of Grade 7 students this past spring due to shut down</li> <li>• Delay of screening school-aged children for up-to-date vaccinations</li> <li>• Challenges in maintaining staffing due to competing recruitment priorities at MLHU for COVID</li> </ul>
<p><b>Food Safety &amp; Healthy Environments</b></p>	<ul style="list-style-type: none"> <li>• Reduced capacity due to redeployment of 1/3 of inspectors to COVID</li> <li>• Prioritized inspection of new and high-risk settings</li> <li>• Medium- and low-risk settings to be inspected on complaint basis only</li> <li>• Healthy Menu labelling inspections ceased</li> </ul>

	<ul style="list-style-type: none"> <li>• No capacity to review municipal planning applications</li> <li>• Providing support to IDC inspection activities</li> </ul>
<b>Safe Water, Rabies, Vector Borne Disease</b>	<ul style="list-style-type: none"> <li>• Reduced capacity due to redeployment of 1/3 inspectors to COVID</li> <li>• Recreational water settings inspections completed for year</li> <li>• Maintain Rabies and Vector-Borne investigations</li> </ul>
<b>Sexual Health</b>	<ul style="list-style-type: none"> <li>• Slightly reduced clinic operations</li> <li>• Virtual appointments are conducted where possible</li> </ul>
<b>Emergency Management</b>	<ul style="list-style-type: none"> <li>• Primarily focused on COVID activities, reduced ability to generate business continuity and labour disruption planning, develop training for Emergency Response Volunteers</li> </ul>