

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2020 November 26

IMPACT OF REDEPLOYMENTS ON PUBLIC HEALTH INSPECTION ACTIVITIES

Recommendation

It is recommended that Report No. 053-20 re: “Impact of Redeployments on Public Health Inspection Activities” be received for information.

Key Points

- Internal redeployments of staff required to respond to the COVID-19 pandemic have created pressures on the ability to deliver regular services throughout the Middlesex-London Health Unit.
- Public Health Inspectors have been redeployed to a number of areas in the COVID response.
- The work of Public Health Inspectors has been prioritized to maintain provision of service in key areas while deprioritizing work in areas of lower risk. This will result in some Ministry accountability indicators not being met in 2020.

Background

As a result of the need to focus resources on responding to the COVID-19 pandemic, a significant amount of the work normally done by the Middlesex-London Health Unit has had to be reduced or suspended. At the peak of the first wave, approximately 2/3 of MLHU staff had been redeployed from their regular duties in order to assist with the COVID response. The resurgence of cases locally has renewed pressures on staffing.

When the number of new cases within the community began to decrease earlier and businesses began to reopen, many staff were required to be repatriated to their regular posts to assist supporting the provincial reopening efforts, especially in the Health Unit’s work with schools and businesses in the region.

Public Health Inspectors (PHIs) play a pivotal role in health protection activities including inspecting premises such as restaurants, pools and personal service settings. As such, they have established strong relationships with operators of these venues and have been instrumental to supporting businesses in their return to safe operation.

Impact of Redeployments on Public Health Inspection Activities

Given the versatility of PHIs, their skillset has lent quite well to supporting various COVID-related efforts through their redeployment. Currently, eleven of the 29 PHIs and one manager have been redeployed to COVID operations.

PHIs have been very effectively used in Assessment Centres, Case and Contact Management, Outbreaks and Facilities teams, enforcement of COVID infractions, and in helping respond to business and public inquiries

regarding the reopening framework. However, as with other areas of the health unit, these redeployments have necessitated the reduction in the completion of some core PHI duties.

A review of PHI program delivery was completed last year and has been helpful for business continuity planning by identifying activities that could be deprioritized through the use of a risk assessment framework. This work also helped to highlight areas where inspectors could work between teams to support each other in times of increased demand. At this time, staff have reduced or halted work in the following areas:

- Food handler training
- Menu labelling inspections
- Municipal planning application reviews
- Inspections of low- and medium-risk food premises and personal service settings
- Funeral home inspections

Priority remains on ensuring the following activities are maintained:

- Inspection of high-risk food premises
- Rabies complaint investigations
- Inspected premises investigations on a complaint basis
- New business license inspections
- Seasonal farm housing inspections
- Child Care and Long-Term Care infection prevention and control
- Cold chain inspections for participants in the Universal Influenza Immunization Program
- Safety of small drinking water systems
- Vulnerable occupancy inspection work

Additionally, PHIs on the Food Safety and Healthy Environments and the Safe Water, Rabies and Vector Borne Disease teams have been supporting the Infectious Disease Control team in conducting enteric disease follow-up and investigations.

The result of these reprioritizations will mean that in some areas these teams may not meet their Ministry mandated Accountability Indicators this year. Many public health units across Ontario have identified that they are facing similar challenges.

Summary

Redeployment of Public Health Inspectors necessitated by the COVID-19 response efforts has resulted in the need to deprioritize some core PHI activities. A risk assessment was conducted to identify those which could be reduced or suspended with little risk to the public while staffing resources are diminished. Priority activities will be maintained and other duties will be resumed when staff are able to be returned to their regular posts.

This report was prepared by the Environmental Health and Infectious Diseases Division.



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