INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	June 16, 2020
SUBJECT/REPORT NO:	Public Health Services COVID-19 Response and Program Reopening (BOH20011) (City Wide)
WARD(S) AFFECTED:	City Wide
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COUNCIL DIRECTION
Not applicable.

INFORMATION

The purpose of this report is to provide an overview of Public Health Services' (PHS) COVID-19 response to date and outline the plan for reopening PHS programs and services.

On March 11, 2020, the first case in Hamilton was detected. Two weeks later there were 35 confirmed cases. One month later, the number of cases had increased more than fivefold, totaling 198 confirmed cases in Hamilton. Since then, Hamilton has seen over 700 cases and more than 40 deaths due to COVID-19.

PHS took swift action to minimize the spread of COVID-19 and keep residents safe. On January 29, 2020, PHS' Incident Management System (IMS) was partially activated. At that time, 10 staff were deployed to initiate planning and collaborate with health system partners to monitor the rapidly evolving COVID-19 situation. On February 11, 2020, PHS' IMS was fully activated and additional staff continued to be deployed. Since this time, a total of 304 PHS staff and 69 City staff have been deployed to support our COVID-19 response. Currently, there are 261 PHS staff and 40 City staff deployed. Listed below are some of the functions that staff perform as part of the COVID-19 response:

- Advanced planning;

- Daily surveillance and data analysis;
- Hotline management;
- Outbreak management;
- Infection prevention and control inspections;
- Screening and assessment;
- Public communication and campaigns;
- Case management and contact tracing; and,
- Ongoing collaboration with the health sector and province to ensure a coordinated approach.

In order to redeploy the necessary resources to carry out these critical functions, several PHS programs and services were put on-hold in March 2020; only those services that were deemed essential remained open including, but not limited to:

- Alcohol, drugs and gambling services**;
- Breastfeeding support**;
- Child and adolescent services**;
- Case and contact management for communicable diseases;
- Emergency dental services;
- Home visits for babies, children, and families**;
- Mental health and street outreach services;
- Naloxone distribution;
- Rabies investigations;
- Urgent health hazard complaint investigations; and,
- Vaccine management and delivery.

****Services delivered virtually or via telephone***

These essential services were identified by conducting a risk assessment. This involved weighing the potential impact of discontinuing services on clients' health against the potential risk related to COVID-19 for clients and staff in continuing services. For services that remained open, a hierarchy of controls was applied to reduce risk and minimize spread. Where possible, services were offered virtually and via telephone. For services requiring face-to-face interaction, active screening was implemented and personal protective equipment was used.

At the end of April 2020, staff conducted another risk assessment to prioritize services for reopening that had been put on-hold previously. It was determined that the first services to resume would be those where the risk of extended service disruption was high. These include:

- High-risk food premises inspections (including farmers markets and food trucks);
- Residential care facility inspections;
- Street health clinics (harm reduction);
- Vaccine cold chain inspections;
- Vector borne disease program; and,

- Additional capacity for emergency dental treatment

This approach aligns with the Hamilton Reopens (Report HSC20019) framework. As we move forward, PHS will continue to reassess and prioritize programs and services for reopening. One unique challenge for PHS in resuming programs and services is staffing capacity. As noted above, significant staff resources have been deployed to respond to COVID-19 pandemic. To further increase capacity, PHS has hired eight additional staff: seven PHS retirees and one public health infectious disease expert. In terms of extra resources, PHS has and continues to explore the use of students (e.g., Public Health Inspector practicum students) and staff from other City departments to assist with both COVID-19 and seasonal work related to Ontario Public Health Standards.

Although the worst of the first wave has passed and many businesses have reopened, the pandemic is far from over. Until a vaccine is available, we must continue to be responsive to COVID-19 outbreaks and case volumes as they fluctuate as well as provincial direction to manage the situation. To do this, we will need to continue to be flexible in both the number and type of staff deployed. At the same time, it is imperative that PHS program and services reopen to continue addressing all of the other drivers of community health, not just COVID-19. This includes moving forward with work related to PHS' four strategic priorities: mental health and well-being, healthy weights, health equity and climate change.

Due to COVID-19 demands, it is not possible for PHS to return to its normal structure. Therefore, a decision will need to be made regarding the best structure for PHS in the interim that will enable staff to effectively respond to the COVID-19 situation while continuing the important mandatory programs and core functions of public health. The Province has made it clear that this decision should be made by local boards of health to ensure consideration of the local context. To support local public health units, the Province has committed to providing $160M to offset COVID-19 related expenses, including those related to public health functions. Further details regarding this funding is expected at the end of June. Staff will be reporting back at the July BOH meeting on an approach to move forward.

Although the best structure for PHS during this time has yet to be determined, one thing is certain – a flexible and responsive approach is critical. As the situation continues to evolve and new direction is provided by the Province, PHS needs to be able to adapt quickly to protect the health and safety of residents. We have already seen examples of this including conducting infection prevention and control audits of all long-term care and retirement homes and, testing all residents and staff of long-term care homes. Significant staff resources are often required to carry out these provincial directives and must be mobilized in short order, hence the need for a flexible and responsive approach.

APPENDICES AND SCHEDULES ATTACHED

Not applicable.