

## COVID-19 Impacts on Community Health Division

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**To:** Chair and Members of the Board of Health

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**Medical Officer of Health & CEO**

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## Recommendations

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It is recommended that the Board of Health:

1. Receive this report for information.

## Key Points

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- Wellington-Dufferin-Guelph Public Health (WDGPH) began to mobilize and prepare for COVID-19 to arrive locally in mid-January 2020.
- WDGPH Public Health Nurses and other staff positions were mobilized to form a COVID-19 Call Centre and Case Management Team.
- Normal operations of the Community Health Division suspended in late February 2020, only services for those most at-risk continued.
- The COVID-19 response demonstrated the nimbleness and adaptability of WDGPH Public Health Staff during times of crisis.

# Discussion

In late 2019, COVID-19 was detected in China and, as a result, the world began to mobilize in response to this highly infectious new disease. Beginning in mid-January 2020, WDGPH began to organize and prepare for this disease to arrive locally.

Community Health Division has the largest number of Public Health Nurses assigned, and therefore, this increased nursing capacity to respond to the COVID-19 Pandemic had a significant early impact on the Division. Specifically, Public Health Nurses and other staff positions were mobilized to form a COVID-19 Call Centre and Case Management Team. In response to the changing environment and the need to address COVID-19, the model and staffing has modified many times over the last four (4) months.

The COVID-19 response resulted in many changes to the normal activities of WDGPH and the Community Health Division. Table 1, below, outlines the activities that were suspended or modified in the Community Health Division in response to the COVID-19 Pandemic:

**Table 1**

<b>Community Health Programs and Services Discontinued During COVID-19</b>			
<b>Vaccine Preventable Diseases</b>			
<b>Program/ Service</b>	<b>Suspended</b>	<b>Modified</b>	<b>Comments</b>
School Vaccinations for Grade 7 Students (Hepatitis B, Human Papilloma Virus and meningococcal)	<b>X</b>		Options are under consideration to catch up and offer this program in fall 2020
School Suspensions- all grades	<b>X</b>		<ul style="list-style-type: none"> <li>• High school suspensions complete</li> <li>• Elementary partially complete</li> </ul>
Data Entry for Panorama of school age vaccinations		<b>X</b>	Limited time assigned to this task
Routine Vaccine Fridge Inspections	<b>X</b>		Ministry to provide guidance

<b>Healthy Families</b>			
<b>Program/ Service</b>	<b>Suspended</b>	<b>Modified</b>	<b>Comments</b>
Healthy Babies Healthy Children program	<b>X</b>		
Breastfeeding Clinics	<b>X</b>		
Let's Talk Parenting telephone line	<b>X</b>		
Postpartum Triage		<b>X</b>	High risk calls
<b>Clinical Services</b>			
<b>Program/ Service</b>	<b>Suspended</b>	<b>Modified</b>	<b>Comments</b>
Immunizations		<b>X</b>	High Risk populations
Sexually Transmitted Infection follow up and contact tracing		<b>X</b>	High Risk populations
Harm Reduction		<b>X</b>	Naloxone distribution

WDGPH began to reassign staff in mid-January 2020 to prepare for the COVID-19 pandemic, while all programs continued to fully run. Normal operations of the Community Health Division suspended in late February 2020 after an Infection Control Lapse was discovered in a local nail salon, resulting in mass testing of patrons over a 1.5-year period. This response lasted approximately two (2) weeks, then the Community Health Division went directly into the COVID-19 pandemic response.

WDGPH nursing staff from all divisions were reassigned to the COVID-19 response. All nursing staff were trained first on the call centre, which focussed on answering healthcare provider and community inquiries on COVID-19 testing, signs and symptoms, prevention and return-to-work following a positive test.

WDGPH nurses trained on the call centre were subsequently moved to the Case Management team. Here, they were trained to support the Control of Infectious Diseases team in assessing, monitoring and following-up on positive cases. Most nurses from the Community Health Division were trained in both these areas prior to the agency-wide response that was declared in late March 2020. By the end of March 2020, over 70 nurses were trained in COVID-19 Call Centre Response and Case Management.

## Conclusion

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Programs and services of the Community Health Division continue to be suspended or greatly modified in response to the COVID-19 pandemic. Services that continue are in place to address the most significant risks in our community.

The COVID-19 response demonstrates the nimbleness and adaptability of WDGPH Public Health Staff, particularly nurses, during times of crisis. In the last four (4) months, all nurses in the agency have been trained and are now able to participate in most aspects of the COVID-19 response, which is the first time WDGPH nurses have participated in all aspects of an emergency response. As the first wave of the pandemic flattens, plans are in the works to continue to train nurses and other public health staff in case management, infection control practices and assessments, and call centre management.

Additionally, discussion among managers and senior leadership is underway to determine which programs and services will partially or fully resume over time. Decisions on what is reinstated will be based on public safety, community needs and accountability indicators. Reintroduction of programs and services need to occur in a controlled and modified manner, which allows for the programs that have the greatest impact on risk management to be reinstated first, to allow for staff down time, and a nimble response to a future re-emergence of COVID-19.

## Ontario Public Health Standard

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### 1. Emergency Management

#### Requirement:

- The board of health shall effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.

### 2. Infectious and Communicable Diseases Prevention and Control

#### Requirement:

- The board of health shall conduct population health assessment and surveillance regarding infectious and communicable diseases and their determinants.

- The board of health shall provide public education to increase awareness related to infection prevention and control measures, including respiratory etiquette, and hand hygiene.
- The board of health shall work with community partners and service providers to determine and address the need for knowledge translation resources and supports in the area of infection prevention and control.
- The board of health shall work with appropriate partners to increase awareness among relevant community partners
  - a) The local epidemiology of communicable diseases and other infectious diseases of public health significance;
  - b) Infection prevention and control practices; and
  - c) Reporting requirements for diseases of public health significance, as specified in the *Health Protection and Promotion Act*.
- The board of health shall communicate, in a timely and comprehensive manner, with all relevant health care providers and other partners about urgent and emerging infectious diseases issues.
- The board of health shall, based on local epidemiology, supplement provincial efforts in managing risk communications to appropriate stakeholders on identified risks associated with infectious diseases and emerging diseases of public health significance.
- The board of health shall provide public health management of cases, contacts, and outbreaks to minimize the public health risk.
- The board of health shall ensure 24/7 availability to receive reports of and respond to Infectious diseases of public health significance in accordance with the *Health Protection and Promotion Act*.

## WDGPH Strategic Direction(s)

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**Health Equity:** We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

**Organizational Capacity:** We will improve our capacity to effectively deliver public health programs and services.

**Service Centred Approach:** We are committed to providing excellent service to anyone interacting with WDG Public Health.

☒ **Building Healthy Communities:** We will work with communities to support the health and well-being of everyone.

## Health Equity

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The COVID-19 virus can infect anyone regardless of health, gender or age. However, it does disproportionately have a greater impact on certain populations, such as those over the age of 70, those with chronic conditions and particularly those who live in congregate settings. The provincial response was directed to mitigate these factors.

Monitoring and evaluating the health equity impacts of our Provincial/Local response must continue at all levels to identify and address unintentional inequities that could create barriers to health for those most at risk.

## References

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N/A.

## Appendices

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N/A.