

# The Regional Municipality of York

Regional Council  
Community and Health Services  
June 25, 2020

Report of the Commissioner of Community and Health Services and Medical Officer of Health

## Human Resourcing Requirements for the Public Health COVID-19 Response

### 1. Recommendations

1. Council authorize the Commissioner, Community and Health Services and the Medical Officer of Health to increase the staffing complement in Public Health by eight permanent full time staff.
2. Council authorize the Commissioner of Community and Health Services and Medical Officer of Health to increase staffing complement with temporary full time staff, as required, to respond to the COVID-19 pandemic.

### 2. Summary

This report is prepared to assist Council in carrying out its legislative duties and responsibilities as the board of health under the *Health Protection and Promotion Act*.

In response to update memos on the Public Health COVID-19 response at Council on [April 29, 2020](#), and Committee of the Whole on [June 11, 2020](#), the Medical Officer of Health was asked to request any resources required to deliver the response. This report provides information on plans to recruit up to 172 temporary full-time equivalent positions and requests authorization to add eight new permanent full-time in 2020. Additional staff is needed to sustain the response, to meet existing and new recommendations and requirements related to the provincial re-opening of communities, and to be prepared for subsequent epidemic waves of COVID-19.

Key Points:

- Under a provincial *Emergency Management and Civil Protection Act* order, boards of health are authorized to take reasonably necessary measures to respond to, prevent and alleviate the outbreak of COVID-19, such as employing extra staff or contractors, including for the purposes of performing bargaining unit work
- The province has committed to funding extraordinary costs incurred by Public Health units in responding to the COVID-19 pandemic, however, details on what costs would be eligible for provincial funding have not yet been provided

- Public Health’s focus and actions continue to be on protecting the public through case and contact management of confirmed and probable cases, outbreak management, liaising with York Region’s three assessment centres, long-term care and retirement homes and congregate living facilities, and infection prevention and control measures
- To support the Public Health COVID-19 response, 15 temporary staff have been hired and two more are in process, ten staff are volunteers and 431 staff have been redeployed; 364 from Public Health and 67 from the rest of the corporation. Many Public Health services have been paused, freeing up staff to support the emergency response
- The Public Health COVID-19 response will likely be required until sufficient numbers of the community are vaccinated. There is the risk of a second wave as early as September 2020, and an estimated six to twelve months from now for medical intervention (e.g. vaccine). Additional staff are required to ensure the response can continue, to address increased service demands associated with re-opening of communities (e.g. restaurant and pool inspections, infection prevention and control audits and compliance inspections of child care settings) and to continue non-COVID-19 essential public health programs (e.g. Sexual and Blood Borne Infections program and the high risk home visiting through the Healthy Babies Healthy Children program)
- Up to 172 additional temporary full time staff and eight permanent staff in 2020 are required. Permanent positions are recommended because these positions will be required post-COVID-19 based on anticipated higher service levels and to attract suitable candidates to these hard to fill positions, such as Infection Prevention and Control Specialists

### 3. Background

#### **Council received information on Public Health’s emergency response to the COVID-19 global pandemic at the April Regional Council and June Committee of the Whole**

[April 2020](#) and [June 2020](#) memoranda provided information on the immediate and emerging outcomes of the Public Health response to COVID-19. Public Health opened its Health Emergency Operations Centre on January 23, 2020 to support the 24/7 response led by the Infectious Diseases Control Division. The Public Health COVID-19 response has included:

- Case and contact management
- Outbreak management
- Surveillance and data analysis
- Infection prevention and control measures
- Risk communication

- Coordination with health system partners around testing

**After almost six months of intense effort responding to the emergency there is a need for health inspectors and nurses as the demand for Public Health services is increasing and the economy opens**

As the response to the virus expanded, new services were added to the response, such as infection prevention and control audits, mobilization of proactive testing to congregate living facilities and shelters, and compliance inspections for emergency child care settings. In addition to the need to maintain the emergency response in the event there is a second wave and until a vaccine has been widely administered, Public Health will experience an increased demand for service. The backlog of demand for essential services such as sexual health clinics must also be addressed.

**Public Health has redeployed staff from across the corporation, hired temporary staff, accessed provincial resources and is using volunteers to manage the COVID-19 response**

Under an *Emergency Management and Civil Protection Act* order (Work Deployment Measures for Boards of Health) boards of health are authorized to take necessary measures to respond to, prevent and alleviate the outbreak of COVID-19, including:

- Redeploying staff within different locations in (or between) facilities of the board of health
- Changing the assignment of work, including assigning non-bargaining unit employees or contractors to perform bargaining unit work
- Changing the scheduling of work or shift assignments
- Deferring or cancelling vacations, absences or other leaves, regardless of whether such vacations, absences or leaves are established by statute, regulation, agreement or otherwise
- Employing extra part-time or temporary staff or contractors, including for the purposes of performing bargaining unit work
- Using volunteers to perform work, including to perform bargaining unit work
- Providing appropriate training or education as needed to staff and volunteers to achieve the purposes of a redeployment plan

The provincial emergency order is in effect until June 30, 2020 and may be extended by the Province. Once the order is revoked, however, operational flexibilities afforded by the order will be ceased.

## **456 individuals are currently supporting the Public Health response to COVID-19**

Addressing the pandemic emergency has taken an extraordinary effort within the Public Health Branch, the Community and Health Services Department and across the corporation. Currently in addition to staff redeployed due to COVID-19 to support enhanced communications, the Access York Call centre, the Region's two long-term care homes, and new temporary positions in Paramedic Services, the Public Health COVID-19 response has required an additional 456 individuals:

- 364 are Public Health staff redeployed from their regular programs, which have been paused or reduced
- 67 individuals are redeployed from the rest of the corporation
- 15 new staff have been hired on a temporary basis (two more hires are in process) including epidemiologists, public health physicians, public health inspectors, public health nurses and a data analyst, a manager and a supervisor
- 10 are volunteers, either unpaid or paid externally (e.g. medical residents)

To reduce staffing resources required, Public Health began referring a portion of York Region contacts to Public Health Ontario on April 16, 2020 for their assistance to help manage contact and follow-up calls. This support is provided at no cost. Between April 16, 2020 and June 12, 2020 a total of 460 contacts were referred to Public Health Ontario saving 730 hours of York Region staff time.

Public Health also relies on support functions from across the Community and Health Services, Corporate Services and Finance departments. Supports include recruitment, redeployment, data programming, the IT Help desk support, safe space accommodation, staff relocations, procurement, timekeeping, financial tracking, privacy and records management and access to computer hardware, software and systems.

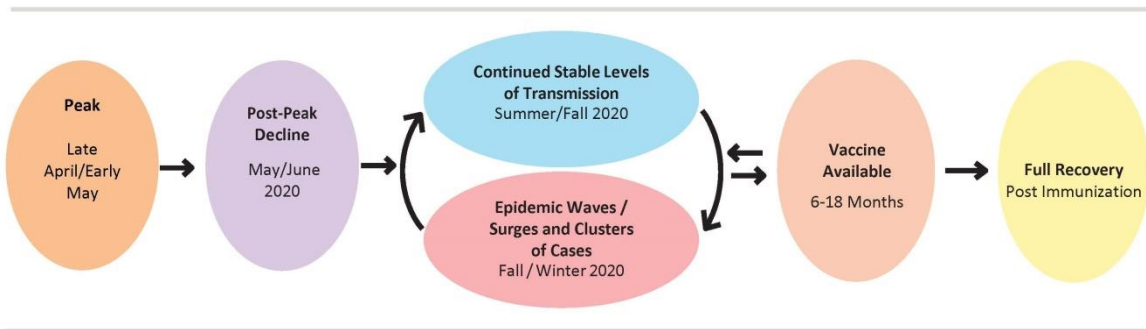
## **4. Analysis**

### **Public Health response to COVID-19 is anticipated to continue into 2021**

Based on the provincial framework, it is anticipated a continued, robust Public Health emergency response will be needed until early 2021, as shown in Figure 1 below:

**Figure 1**

**Potential Phases of COVID-19 in York Region**



The range of programming provided in the emergency response will continue to expand in response to needs. Staff anticipate the province will require public health units to be responsible for immunization clinics once the vaccine is available, which will also represent a major workload.

**The COVID-19 response is active seven days a week resulting in thousands of hours of overtime and little respite for staff redeployed to the response**

Staff are working long hours while juggling multiple roles with few or no days off. As of June 5, 2020, Public Health staff working on the COVID-19 response worked more than 28,000 hours of overtime. In addition, approximately 3,100 hours of overtime has been worked by 67 staff redeployed from Community and Health Services and from elsewhere in the corporation to support the response.

**Up to 172 additional temporary full time staff are required in 2020, with 55 to be hired as soon as possible, and the remainder by early fall or coinciding with the release of staff to their home positions**

Recruitment of 55 temporary staff has already begun; 19 Public Health Inspectors and 36 Registered Nurses. Contracts will be set for one year with possible extension. These temporary staff will permit the COVID-19 response to be maintained at the current level over the summer, despite growing demand for public health services in response to reopening. Additional staff will also help reduce overtime costs and vacation banks of other Public Health staff who have been working on the response.

**The proposed staff will support continuation of the emergency response, while responding to re-opening of the economy, resuming some essential public health services, supporting staff well-being, permitting vacations and returning redeployed staff to deliver on other corporate priorities**

The requested temporary staff and permanent staff will help reduce overtime costs and vacation balances, while ensuring the emergency COVID-19 response can continue and to support the mental health and well-being of staff. Table 1 summarizes the anticipated temporary staffing requirements, and reasons for the staffing needs are provided in the following sections of this report:

**Table 1  
2020 Additional Temporary Staffing Needs**

<b>Response Need</b>	<b>Type of Positions</b>	<b>Number of Positions (TFT*)</b>	<b>Approximate Annual Cost (\$M)</b>	<b>2020 Estimated Cost (\$M)</b>
Immediate Response Requirements	Public Health Inspectors and Registered Nurses	55 (recruitment in progress)	\$5.8	\$2.9
Fall return of Public Health staff to own positions	Managers, Supervisors, Registered Nurses, Scheduling and Administrative	Up to 50	\$5.1	\$1.3
Return of corporate staff to own positions	Case Investigation, Outbreak Management, Epidemiology and Surveillance, Administrative, Data Entry, Records Management, Logistics and Scheduling	Up to 62	\$5.6	\$2.3
Departmental supports to manage	Payroll, information technology,	5	\$0.5	\$0.2

Response Need	Type of Positions	Number of Positions (TFT*)	Approximate Annual Cost (\$M)	2020 Estimated Cost (\$M)
increased staffing complement and Ministry requirements	recruitment support, financial reporting, privacy compliance and records management			
		Total: 172	\$17.0	\$6.7

\*TFT is temporary full-time

### **As the economy opens up, demand for Public Health support increases**

Provincial requirements for Stage 2 re-opening (June 19, 2020) and Stage 3 re-opening potentially this summer creates additional work for Public Health to provide guidance for re-opening of businesses and messaging to food premises on current best practices including infection prevention control measures. Responsibilities include:

- Responding to requests about the opening of pools, patios and personal service settings
- Preparing for beach water monitoring, conducting pre-inspections for municipal facilities such as pools and infection prevention and providing control support for childcare centres
- Participating in weekly meetings with local municipal bylaw officers in response to requests for additional guidance/interpretation on the opening of businesses
- Responding to public concerns and comments about physical distancing and other infection prevention and control measures in public and commercial settings as they open

### **York Region Public Health plans to resume critical essential services that have been paused as soon as staff resources are available**

Since March 2020, Public Health has reduced or paused services to free up staff for the COVID-19 response. Services that continued to be offered, with reduced staffing levels, include:

- Responding to immediate health hazards
- Case management for diseases of public health significance other than COVID-19

- Harm reduction supply and distribution of naloxone
- Inspections of small water drinking system inspections, rabies risk assessments and investigations and inspections of migrant farming operations
- Maintaining infection prevention and control assessments of all congregate settings, including long-term care homes, retirement homes, group homes, and homes for special care and continue response to work place outbreak clusters

With the additional staff, limited essential Public Health programming may be made available through the summer and fall to:

- Manage infectious disease cases and outbreaks other than COVID-19, including sexual and blood borne infections and tuberculosis
- Increase sexual health programming and clinic capacity for case management
- Resume compliance inspections of personal care settings and food premises base upon a risk assessment (starting with high risk premises)
- Provide infection prevention and control audit and compliance inspections of child care centres, which are now permitted to re-open
- Conduct pre-opening inspections of public pools and spas and commence beach sampling
- Visit high risk children and infants in their homes through the Healthy Babies Healthy Children program
- Increase access to naloxone in the community through the opioids and harm reduction initiatives

As schools plan to re-open, there will be a need to deliver the grade seven school immunization program (Hepatitis B, Meningitis, Human Papillomavirus) and complete data entry into the provincial immunization data base. Preparations for a fall flu season will start which include the requirement to conduct cold chain inspections of physician offices and pharmacies where flu shots will be administered.

### **To permit resumption of critical Public Health services this fall, staff estimate up to 50 additional temporary staff will be required**

If the caseload for COVID-19 outbreaks and preparation for fall resumption of additional services is deemed manageable, Public Health may resume further services, which may require hiring up to 50 additional temporary staff to fill some gaps. These staff would replace staff working on the emergency response so they can return to their home positions in Public Health. The actual number of additional temporary staff required may be reduced if Public Health is able to access further resources from the province and/or volunteers.



## **The COVID response will benefit from redeployed staff remaining in public health, however, this creates capacity pressure on other Regional operations**

Currently 67 staff from other parts of the corporation have been redeployed to maintain the emergency COVID-19 response. Although staffing to support the response is a corporate priority, over time it will be necessary for staff to return to their home positions to deliver on other corporate priorities.

At this time, staff estimate up to 62 of the 67 redeployed corporate staff may be required to remain redeployed to maintain the emergency COVID-19 response. As these redeployed staff have been trained and are now experienced, it is less disruptive to the emergency response if they can remain redeployed until a replacement can be trained and is in place. However, as departments return to providing services that were interrupted, they too will need staff resources.

The senior management team is reviewing all redeployments into Public Health to determine how to reduce the number of redeployed staff who are needed to remain in the emergency response. Where employees cannot be returned to their home position, it is the home department that may need to hire the temporary staff replacements, rather than Public Health.

## **Additional temporary support positions are required to provide administrative supports to the COVID-19 response**

The Public Health COVID-19 response relies on support services provided by other parts of the corporation. The nature of the response and the additional staff proposed in this report will place further demands on these support services. Five additional temporary staff are required in Community and Health Services as follows:

- Access and privacy coordinator (one position)
- Software (data) development specialist (one position)
- Staffing support coordinator (one position)
- Accounting clerk intermediate (one position)
- Senior financial advisor (one position)

Public Health will continue to monitor the response, and evolving regulatory and Ministry requirement impacts on essential services to ensure every effort is made in the days, weeks and months ahead to assess the continued need for these staffing hires; reducing temporary staffing as opportunities arise. Further plans to stabilize staff resources will be included as part of the 2021 budget submission; however the increase in temporary staffing may place significant demands on corporate support functions.

## **Eight new permanent staff are recommended to address the increased need for infection prevention and control measures, now and going forward**

Responding to COVID-19 outbreaks has demonstrated the need for increased infection prevention and control measures in a wide variety of institutional and community settings. In particular, individuals living in congregate settings such as group homes and long-term care homes will need increased training, supports and inspections on an ongoing basis to prevent and control COVID-19 outbreaks. As this increased need will continue to be required even after COVID-19 is managed and because such specialized staff are difficult to attract, this report recommends the addition of eight new permanent full-time positions to the Public Health complement as follows:

- Infection prevention and control specialist (one position)
- Public Health Inspectors with infection prevention and control expertise (two positions)
- Public Health Inspectors with case and outbreak investigation and contact tracing follow up expertise (two positions)
- Manager of Infectious Diseases Control with an outbreak management expertise (one position)
- Public Health Physician (one position)
- Epidemiologist (one position)

## **5. Financial**

### **The proposed temporary staffing outlined in this report is estimated to cost \$19.2 million annually and approximately \$8.3 million in 2020.**

The province has committed to funding extraordinary costs incurred by Public Health units in responding to the COVID-19 pandemic. While the province has not yet provided details of costs that will be deemed eligible for funding it is expected that the costs associated with temporary increased staffing will be eligible for funding. The proposed temporary staffing outlined in this report, including the 17 that have been hired or are in process, is estimated to cost \$19.2 million annually and approximately \$8.3 million in 2020. A 2020 budget pressure may result if the province does not fully fund the additional costs of the COVID-19 response. Staff has implemented processes to identify and track costs to support a funding request to the Ministry at the appropriate time.

The addition of eight permanent full time positions outlined in this report will cost approximately \$1.2 million annually, and the 2020 costs will be approximately 0.5 million. It is anticipated that the 2020 costs would also be eligible for provincial funding. Provincial funding for these positions after the pandemic response has ended is unclear and tax levy funding may be required.

Information included in a Memorandum to the Committee of the Whole on June 11, 2020 “Financial Impacts of COVID-19” provided an estimate of projected costs of COVID-19-related impacts totaling approximately \$129 million in 2020. The projection was based on budget impacts incurred to date of \$50.02 million, or approximately \$4.29 million per week, on average.

The estimated costs of the new staffing resources proposed in this report were not included in the \$129 million projection, as the Public Health staffing information was still being finalized. The Memorandum identified a number of potential risk areas that could affect projected costs in 2020. One of the risk areas was the expected initial need to fill up to 56 temporary positions to replace Public Health staff expected to return to other essential operations, at a cost of approximately \$3 million in 2020.

## **6. Local Impact**

All actions taken by Public Health in response to COVID-19 are for health and protection of residents across all local municipalities. Public Health continues to respond to the evolving needs of the COVID-19 global pandemic in conjunction with planning for a sustained response while increasing necessary essential services. Public Health will continue to engage local and internal partners in the planning processes as the COVID-19 response evolves in our communities in the coming months.

## **7. Conclusion**

Public Health will continue to monitor COVID-19 to ensure sufficient staffing availability to continue our response, while providing essential services and addressing the new demands that result from reopening. A sustainable staffing plan will assist Public Health efforts in the health and protection of York Region residents until a vaccine or other medical intervention is readily available. Council will receive regular updates on the actions and outcomes of COVID-19 through Public Health and the Medical Officer of Health.

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For more information on this report, please contact Dr. Karim Kurji, Medical Officer of Health at 1-877-464-9675 ext. 74012. Accessible formats or communication supports are available upon request.

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Approved for Submission:

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