

Ontario Critical Care Clinical Practice Rounds (OC3PR): COVID-19

February 10 2022

**Chief Medical Officer of Health:
Integrated System Response to a Pandemic**

Chaired by Dr. Dave Neilipovitz

Presented by Dr. Kieran Moore



Meeting Etiquette



- Attendees can submit questions to Q&A in the Zoom menu.



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OC3PR Webinar

Chief Medical Officer of Health: Integrating the System Response to the Pandemic

February 10, 2022

Land Acknowledgement

I would like to start by honouring the land that we are on, which has been the site of human activity since time immemorial. It is the traditional territories of the Huron-Wendat, Anishinabeg, the Chippewa, the Haudenosaunee Confederacy and most recently, The Mississaugas of the Credit River First Nations.

Ontario is covered by 46 treaties and other agreements and is home to many Indigenous Nations from across Turtle Island, including the Inuit and the Metis. These treaties and other agreements, including the One Dish with One Spoon Wampum Belt Covenant, are agreements to peaceably share and care for the land and its resources. Other Indigenous Nations, Europeans, and newcomers, were invited into this covenant in the spirit of respect, peace, and friendship.

We are mindful of broken covenants, and we strive to make this right, with the land and with each other.

Disclosures

I am a salaried employee of the Government of Ontario. I will not be recommending any specific treatments during this presentation.

Financial Disclosures:

- Grants/research support: CIHR for Canadian Lyme Disease Research Network
- Consulting fees: Pfizer Inc. for epidemiological vaccine research on Lyme disease vaccine

Learning Objectives

01

Understand the skills and competencies of local public health units and public health practitioners

02

Outline the role, legislative responsibilities, and expertise of the Chief Medical Officer of Health (CMOH) and its office

03

Describe how the Office of the CMOH has collaborated with the health system during the COVID-19 pandemic

THANK YOU

Public health practitioner skills

Defining Public Health

Public health is defined as the art and science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention.

Protect, promote, prevent illness
Promote health equity

Emergency Preparedness, Surveillance, Epidemiology are our foundational tools

Individual Care vs Population and Public Health: Vital Signs



Public Health and Preventive Medicine Physician Training

5-year Royal College Residency Program



1-2 years of clinical training



Master of Public Health (or equivalent)



Rotations at local, provincial and federal public health agencies

Specialty Competencies

Know how to use data, evidence, public engagement, research, education to build healthier communities

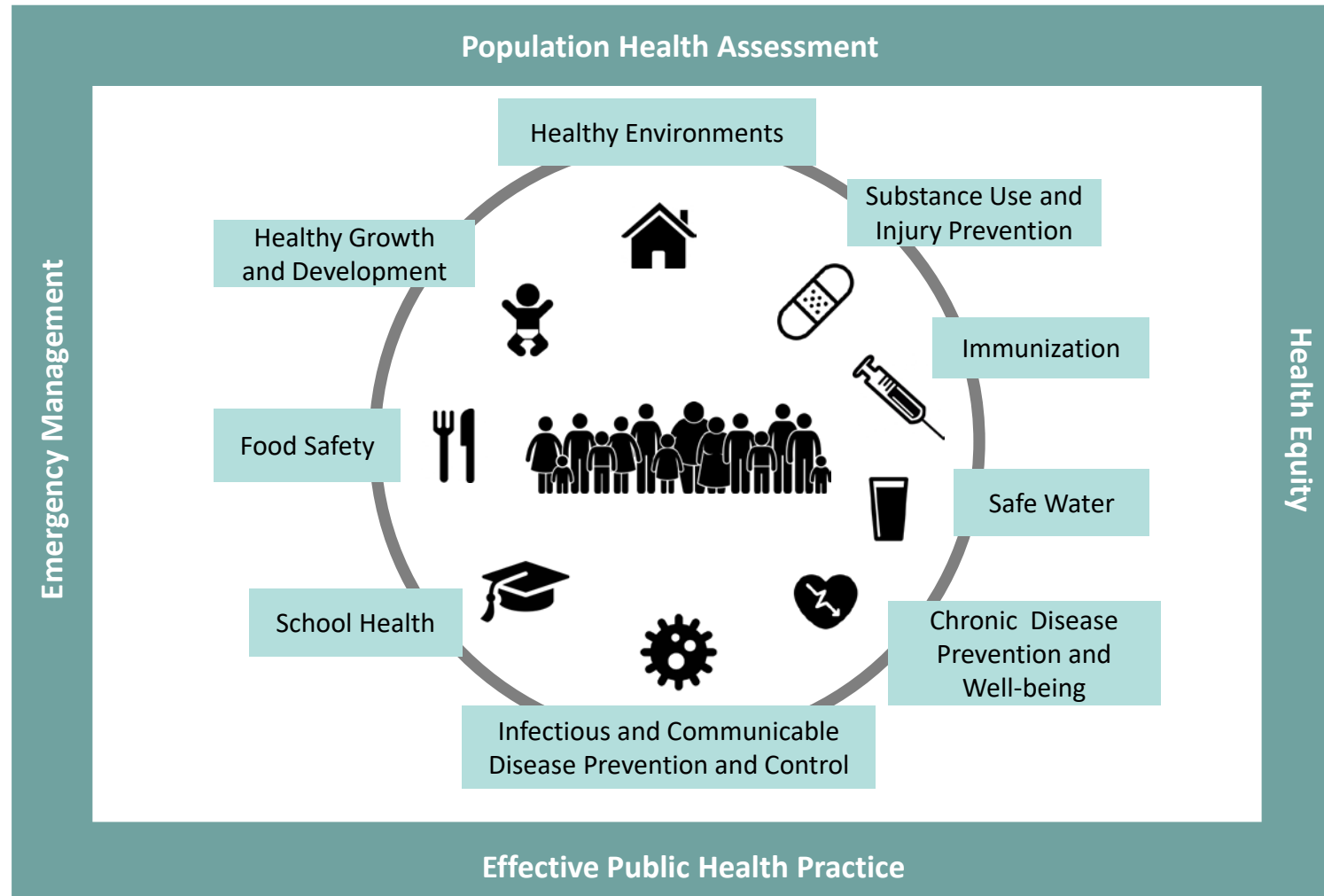
Prevent root causes of poor health, disease, injuries and premature death to prevent need for medical treatment and hospital care

Expertise in environmental health, health promotion, health surveillance, healthy policy, communicable diseases and **managing public health emergencies**

Organization of public health in Ontario

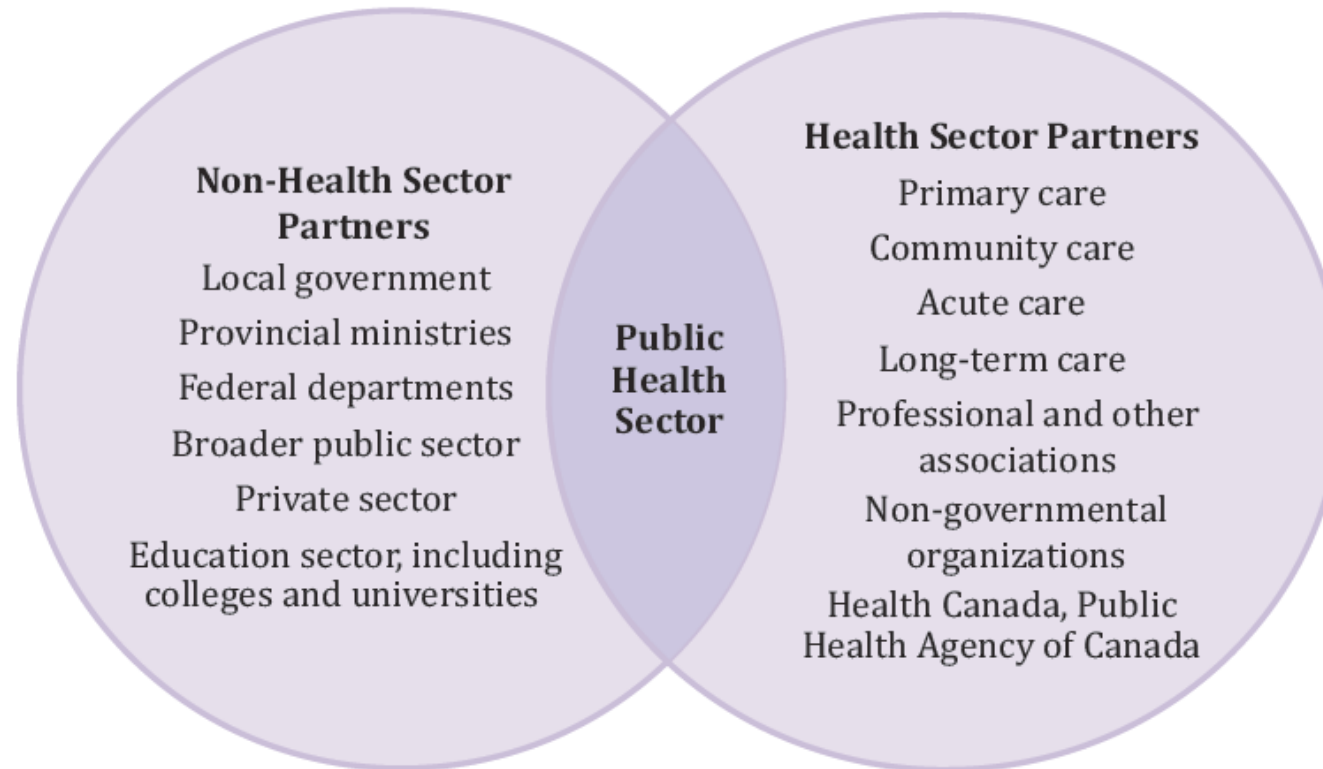
Public Health Mandate in Ontario

Mandated programs and services are aimed at improving health outcomes at all life stages.



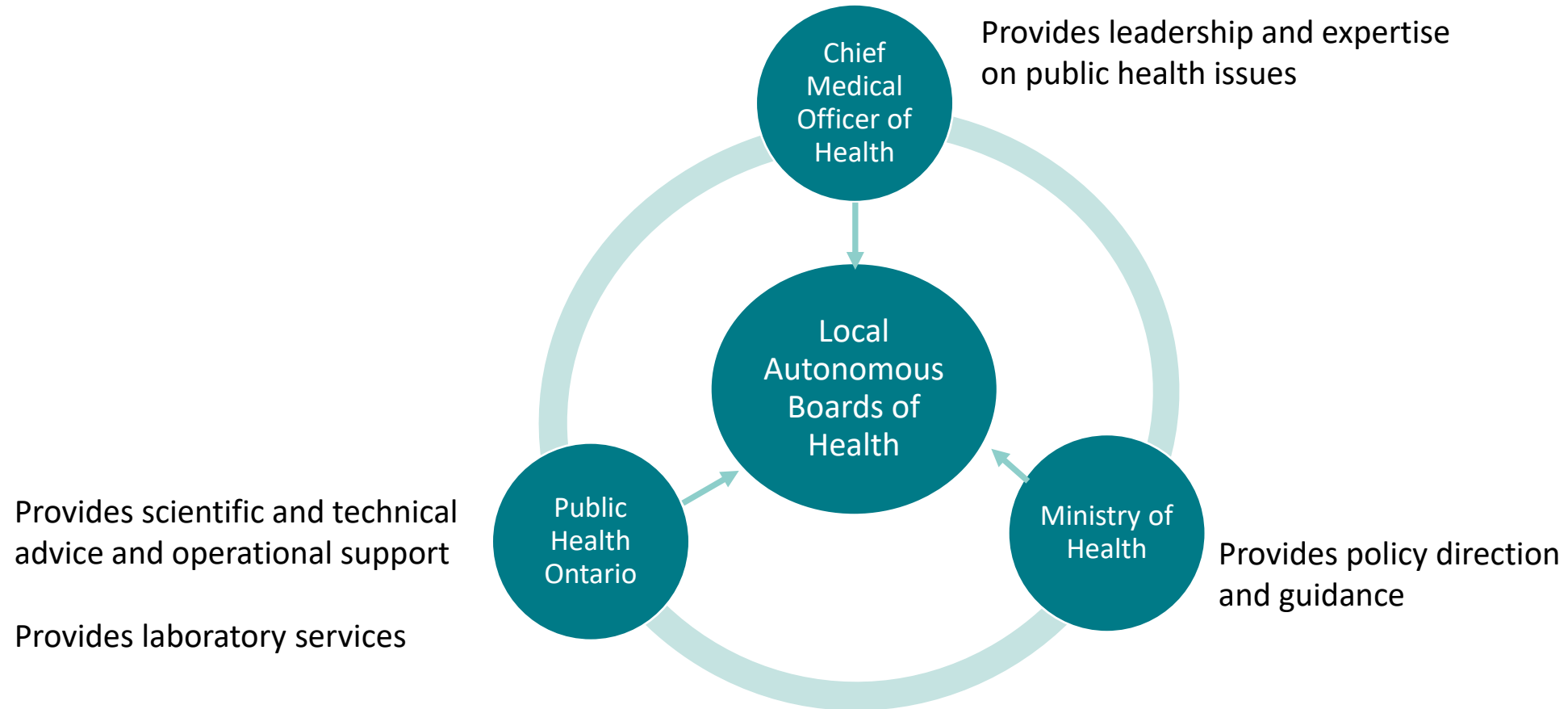
Public Health Partnerships

A Plan Built on Partnerships: The Unique Position of the Sector



Determinants of health – social, economic, environmental

Public Health Model in Ontario



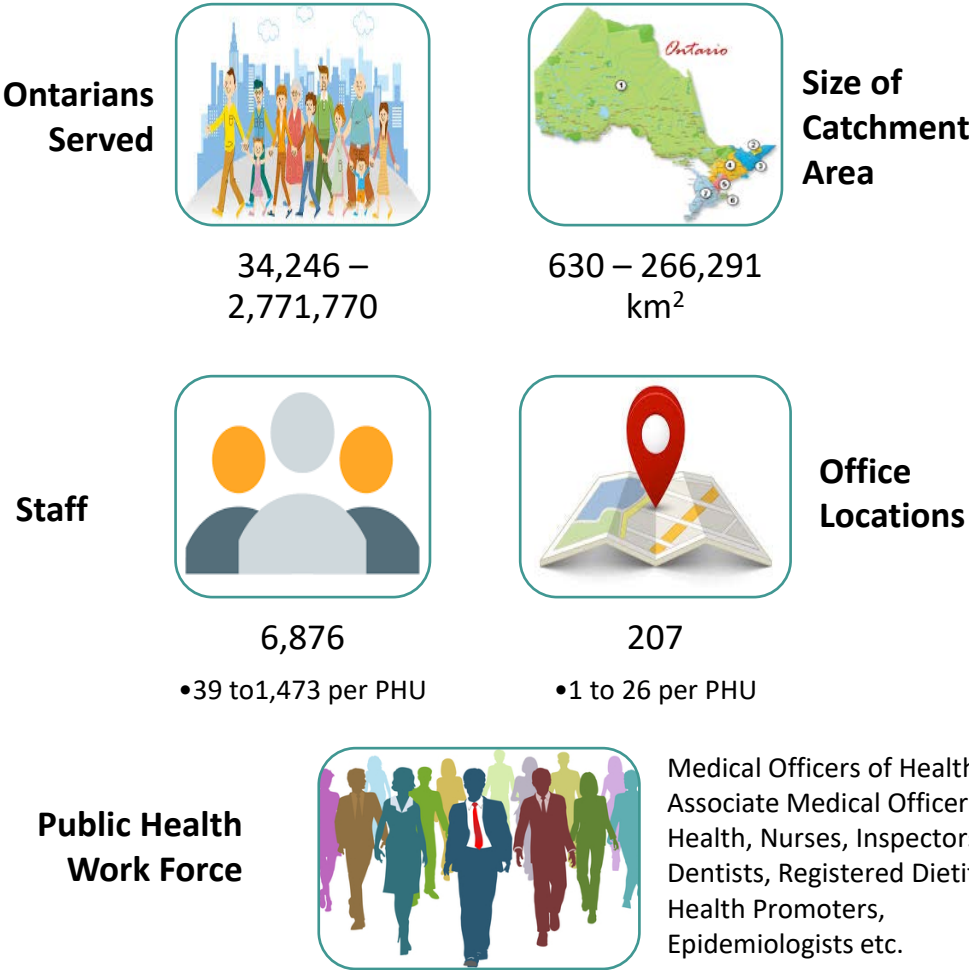
- All areas work to support local boards of health in providing programs and services that improve the health outcomes of the populations they serve

Public Health Units at a Glance

34 public health units /boards of health

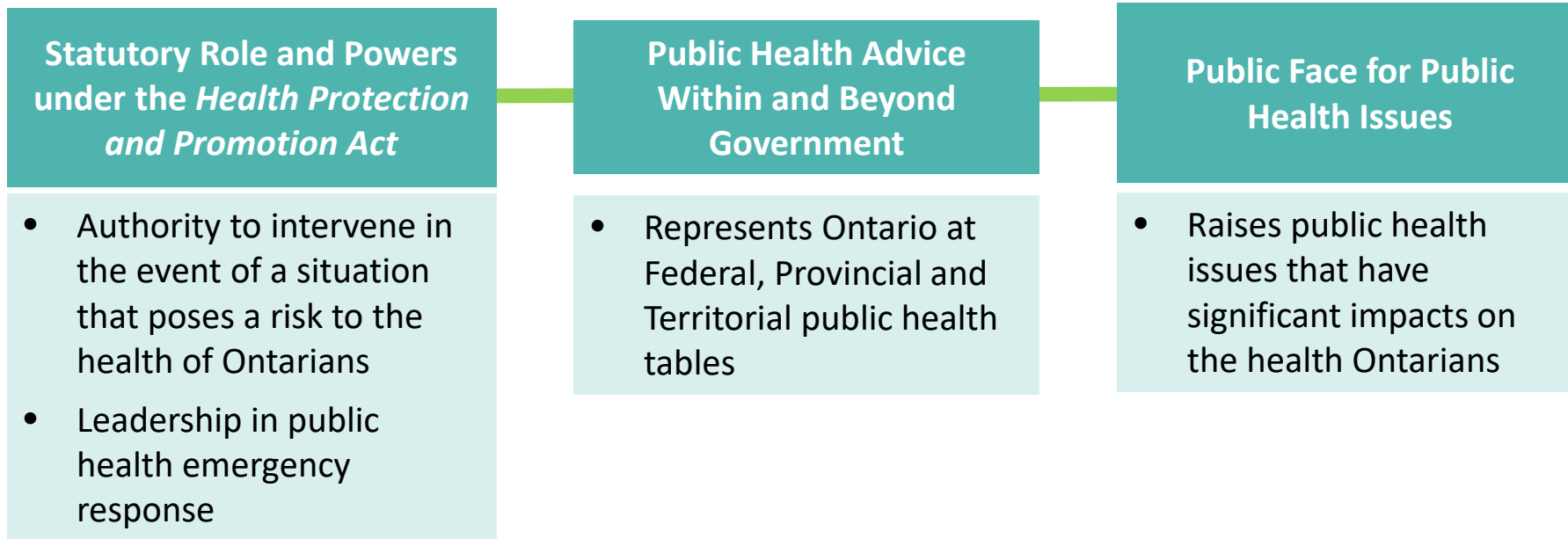
\$1B total funding (provincial and municipal portions)

A Alignment with municipal boundaries and majority municipal representation on boards of health



The Chief Medical Officer of Health (CMOH)

- Appointed by the Lieutenant Governor in Council after selection by an all-party committee
- Reports to the Deputy Minister (MOHLTC) and to the Legislature
- Holds term of office for 5 years



Public Health Mandate in Ontario: Legislation

Public health is grounded in legislation (*Health Protection and Promotion Act*) to **protect** and **promote** health.

Health Protection and Promotion Act

Public health **has primary responsibility**

Regulations:*

- Personal Service Settings (O. Reg. 136/18)
- Designation of Diseases (O. Reg. 135/18)
- Recreational Camps (O. Reg. 503/17)
- Camps in Unorganized Territory (O. Reg. 502/17)
- Food Premises (O. Reg. 493/17)
- Small Drinking Water Systems (O. Reg. 319/08)
- Control of West Nile Virus (O. Reg. 199/03)
- School Health Programs and Services (Reg. 570)
- Rabies Immunization (Reg. 567)
- Public Pools (Reg. 565)
- Communicable Diseases (Reg. 557)

Other Ontario Acts*

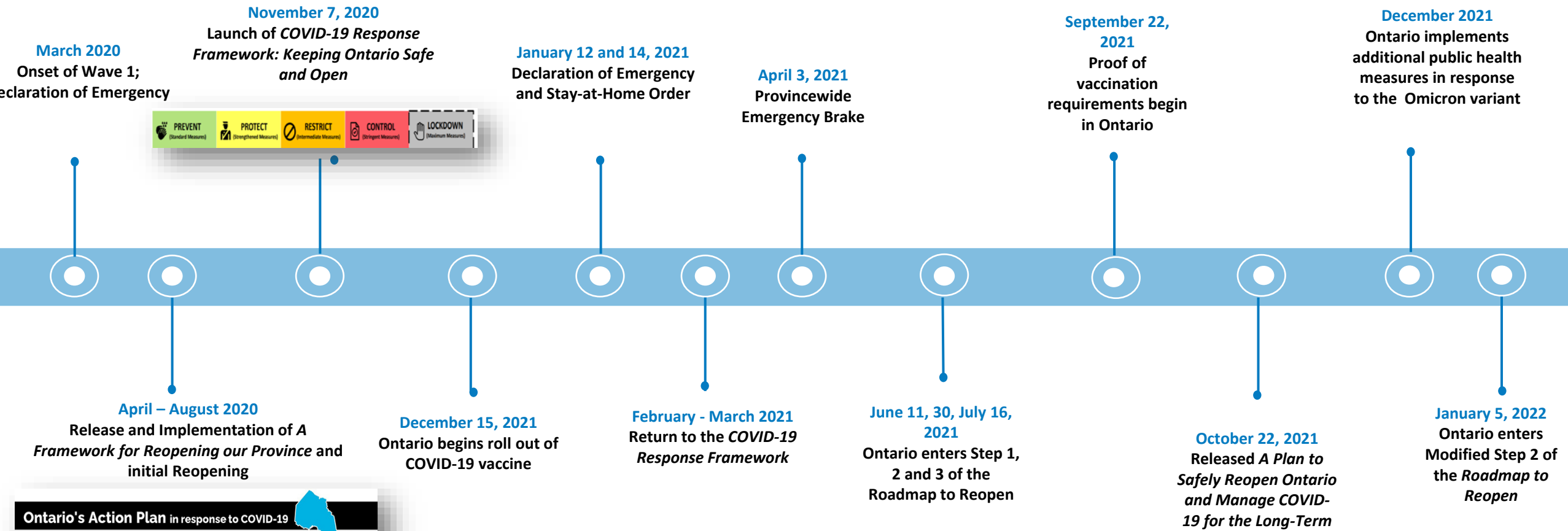
Public health **has a duty/responsibility**

- Building Code Act, 1992
- Child Care and Early Years Act, 2014
- Immunization of School Pupils Act
- Healthy Menu Choices Act, 2015
- Smoke Free Ontario Act, 2017
- Skin Cancer Prevention Act, 2013
- Occupational Health and Safety Act
- Personal Health Information Protection Act, 2004.

*Not a comprehensive list

Health system collaboration during COVID-19

Responding to COVID-19 in Ontario



Ontario's Action Plan in response to COVID-19

A FRAMEWORK FOR REOPENING OUR PROVINCE

Phase 1: PROTECT AND SUPPORT	Phase 2: RESTART	Phase 3: RECOVER
\$17-billion in targeted support	A gradual, staged approach	Long-term growth
Support and relief	Stage 1 Stage 2 Stage 3	Long-term recovery

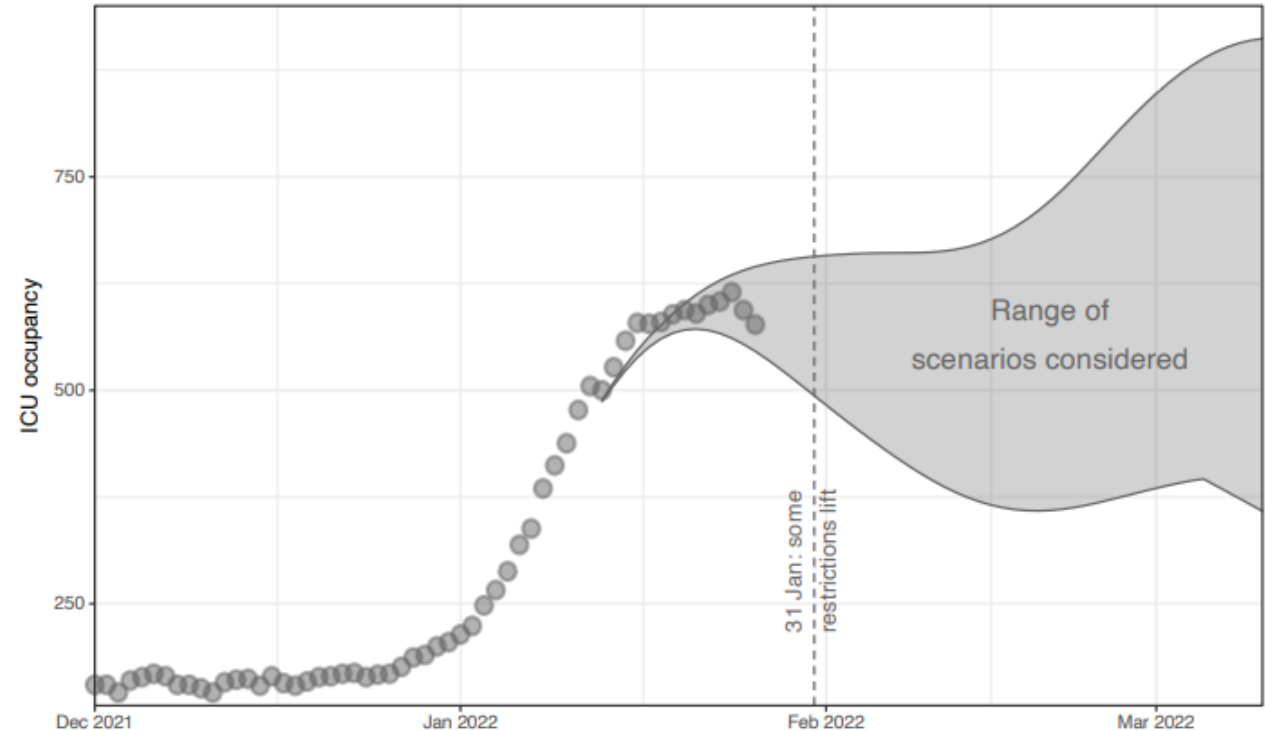


Public Health Measures to Protect System Capacity

With the appearance and rapid spread of the Omicron variant, measures were introduced to **protect hospital and ICU capacity**

- Rapid acceleration of vaccinations
- Capacity limits to mitigate transmission Dec 19, 2021
- Aimed for a balanced proportionate response by introducing more stringent measures Jan 5, 2022

Hospital and ICU occupancy will be closely monitored as restrictions are gradually removed

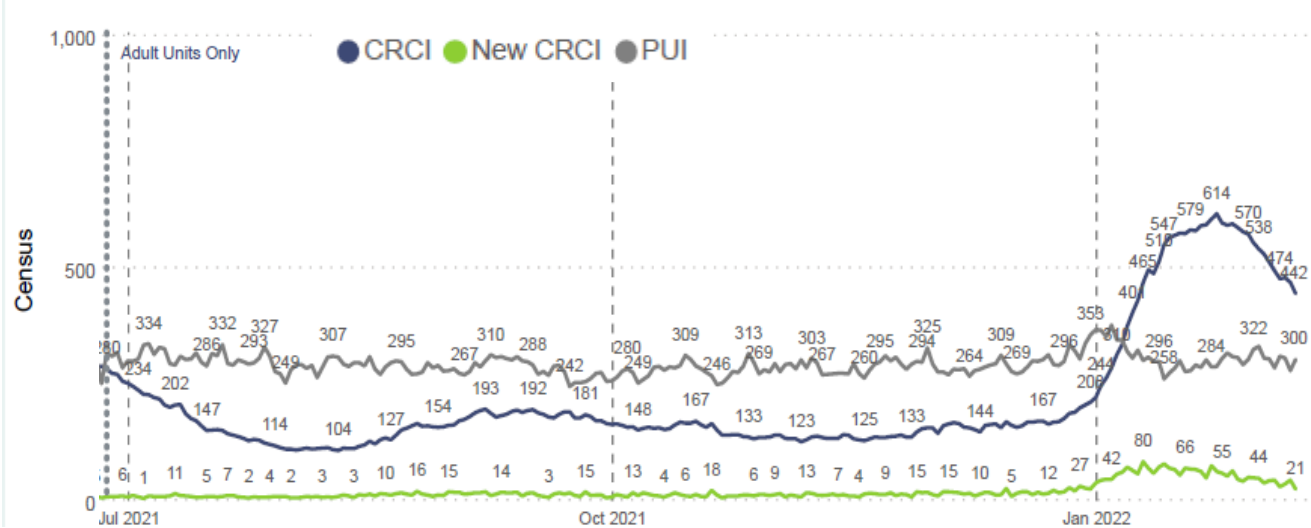


The predicted ICU occupancy after January 2022

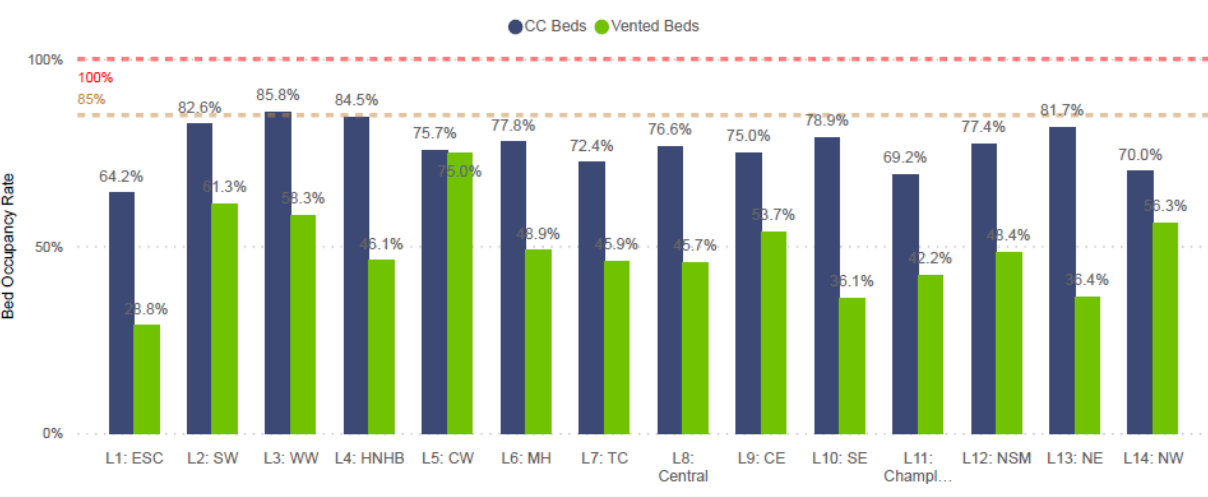
Source: [Ontario Science Advisory and Modelling Consensus Tables. Update on COVID-19 Projections. Feb 1, 2022](#)

Monitoring Critical Care Capacity

Data driven decision making to inform adding/removing public health measures



Daily Trend of Critical Care COVID and PUI Census



Critical Care Bed and Vented Bed Occupancy Rate for Baseline Capacity

Source: CCSO COVID-19 Daily Report. 8th Feb 2022

Monitoring the COVID-19 Response

Daily Highlights: Ontario Vaccination Program

Doses Administered

31,105,664

Total Shots in Arms

33,865

Shots in Arms Yesterday

32,737

Shots in Arms Previous Day

41,618

Daily Shots in Arms (7-day avg)

3,200

Daily Dose 1 (7-day avg)

10,625

Daily Dose 2 (7-day avg)

26,009

Daily Dose 3 (7-day avg)

Population Coverage

12,508,829

People w/ at least 1 dose

+ 2,663 from previous day

11,847,856

People fully vaccinated

+ 8,215 from previous day

6,650,287

People vaccinated w/3 doses

+ 21,124 from previous day

92.1%

% of pop 12+

89.2%

% of pop 5+

84.9%

% of total pop

89.5%

% of pop 12+

84.6%

% of pop 5+

80.4%

% of total pop

71.3%

% of pop 50+

55.4%

% of pop 18+

45.1%

% of total pop

Federal Allocation: 36,344,591 received to date

Pfizer

Received= 23,340,241

Administered= 20,814,011

Astrazeneca/CV

Received= 1,168,300

Administered= 1,088,570

Moderna

Received= 11,826,050

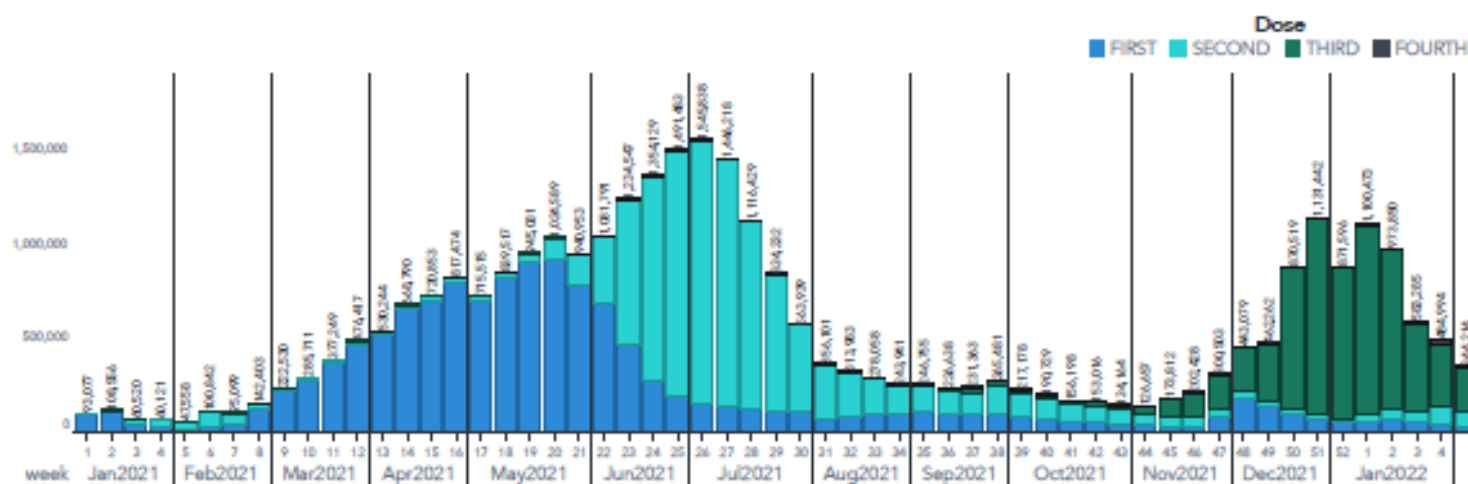
Administered= 8,668,164

Janssen

Received= 10,000

Administered= 2,523

Trending: Doses Administered Week by Week



Current Week

	Total	1st	2nd	3rd	4th
	n	n	n	n	n
Sun	22,962	1,896	7,673	13,131	262
Mon	32,737	2,612	6,976	21,431	1,718
Tue	33,865	2,663	8,153	21,189	1,860

OCMOH and Hospital Collaboration

The Office of the CMOH has collaborated directly with the hospital system to protect critical care capacity and HCW safety

CMOH Directive 2

- To pause all non-emergent and non-urgent surgeries and procedures in order to **preserve critical care and human resource capacity**
- Gradually resume certain services on Feb 1

CMOH Directive 5

- Updated, interim, requirement for PPE provision for HCWs caring for confirmed or suspected COVID-19 cases to **include N95 respirators**
- Under **the precautionary principle** in light of uncertain impact of increased transmission of Omicron

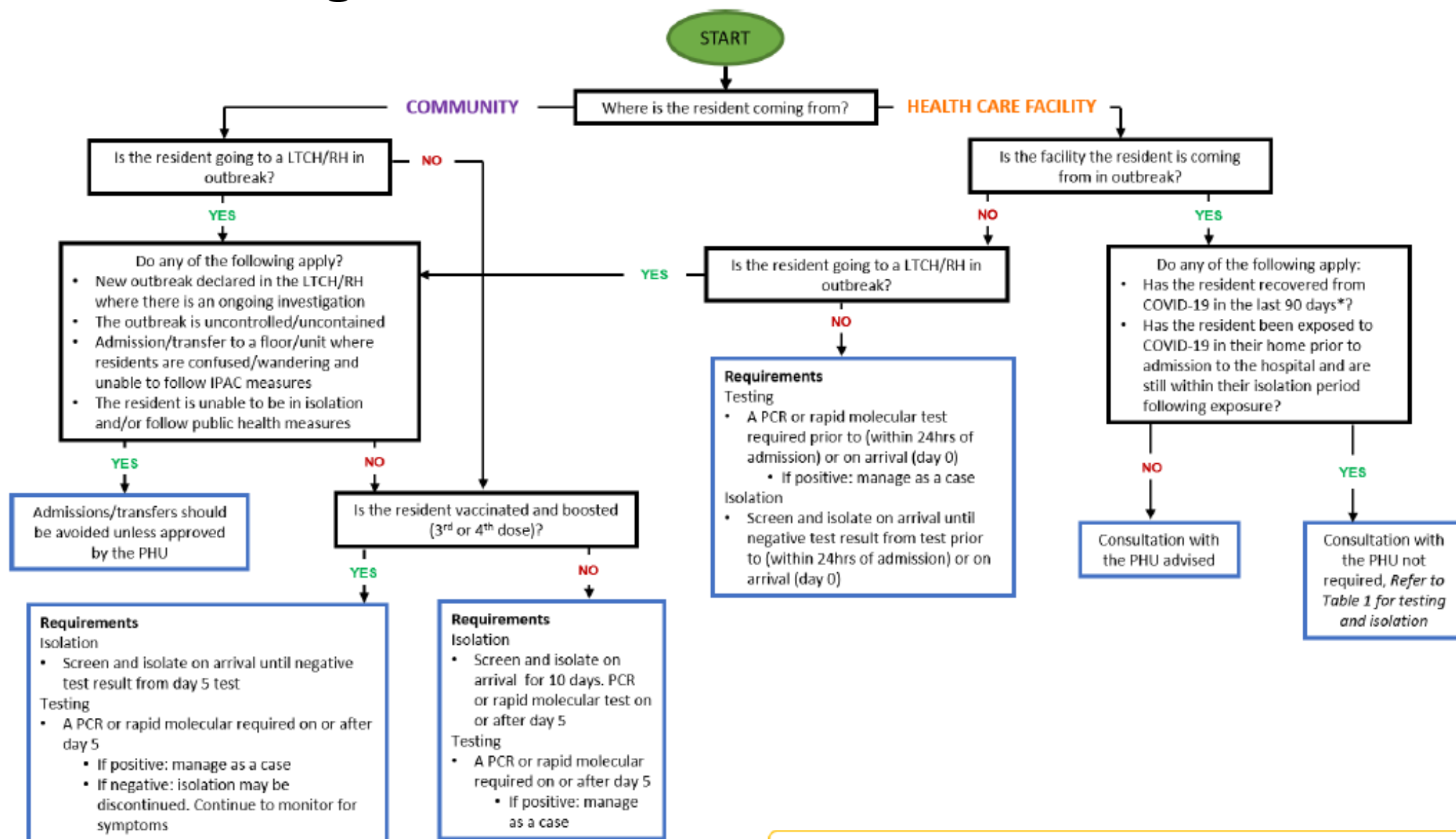
Infection Prevention and Control

- Public health has limited direct control over IPAC in hospitals
- Regional differences in practices
- Creation of IPAC Hubs to formalize partnerships and enhance IPAC practices



Source: [TBDHU Infection Prevention and Control: Hub](#)

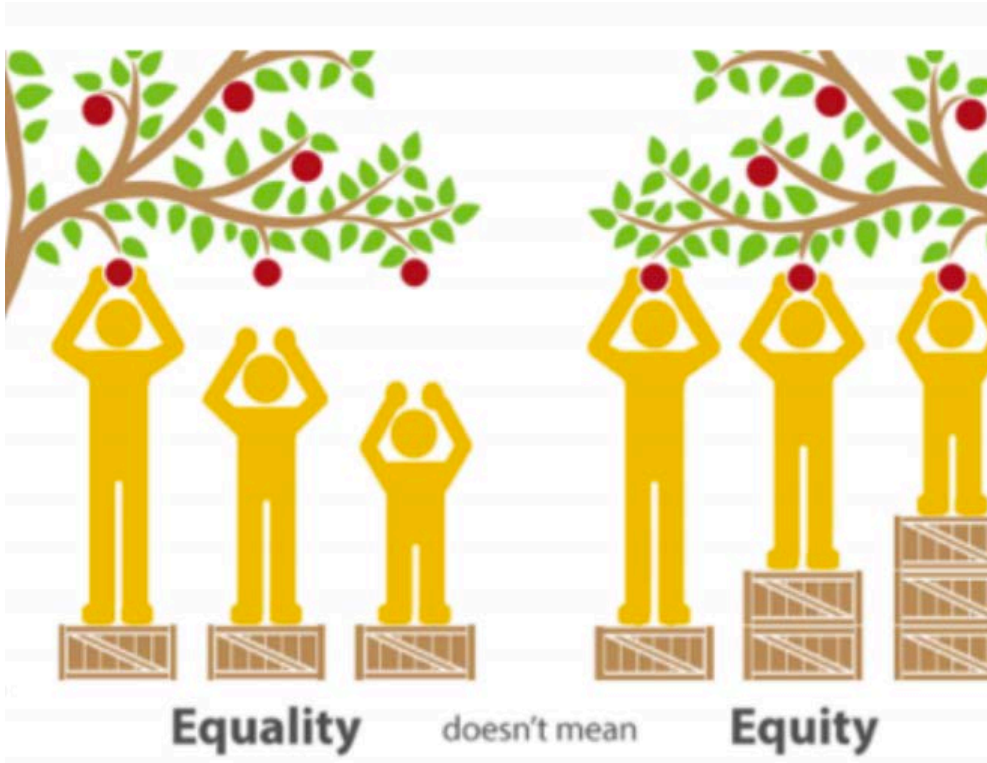
Transfers to Long-Term Care



NOTE: If timely PCR is not available, 2 negative RATs may be taken 24 hours apart on day 5 and day 6

Health equity in Ontario's pandemic response

Incorporating Health Equity into the COVID-19 Response



“Health equity is **created when individuals have the fair opportunity to reach their fullest health potential**. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust.”

“Health inequities result from an **unequal distribution of the determinants of health, disadvantaging** those who lack wealth, power or prestige.”

Source: [Public Health Ontario. Health equity.](#)

Decisions Requiring Ethical Consideration during Pandemics

Resource allocation

- Vaccine prioritization
- Testing availability
- Intensive Care Unit and hospital bed assignment
- Human resources allocation and staffing
- Use of therapeutics

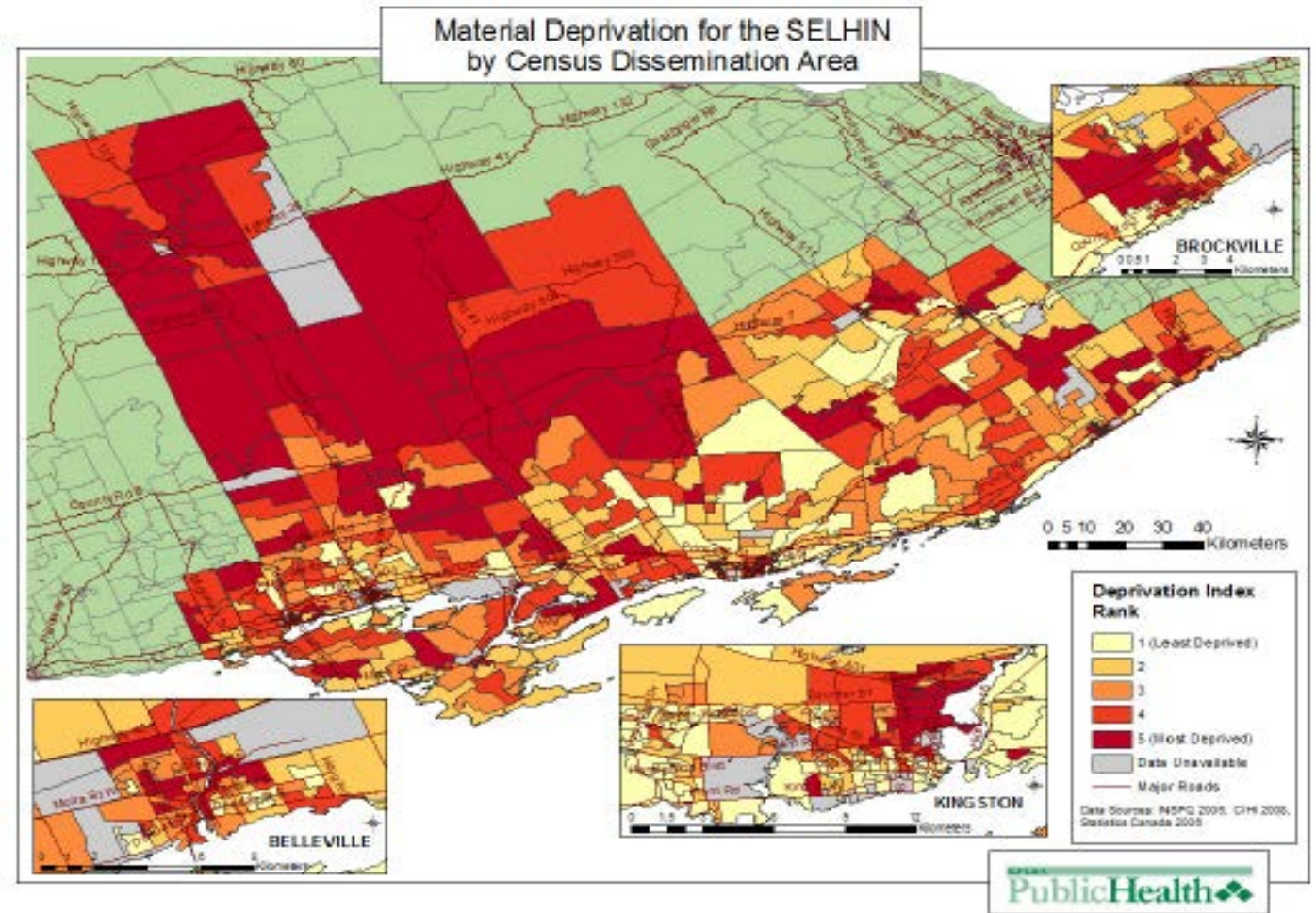
Restrictions of freedoms

- Quarantine, isolation and other public health measures
- Immunization policies
- Visitor restrictions

Marginalized Communities and COVID-19

People living in racially diverse, newcomer, and low-income communities have been impacted more significantly by COVID-19

These communities face complex barriers to accessing services and enacting core prevention measures

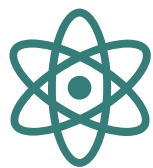


The High Priority Communities Strategy

16

High Priority Communities selected based on COVID-19 prevalence and social determinants of health

Targeted response to design, deliver and evaluate local strategies



Community outreach
and education



Access to testing
and vaccinations



Access to
treatment



Wraparound
supports

Partnering with Indigenous Communities

Goal	<ul style="list-style-type: none">• An integrated population and public health system that includes the active role of Indigenous partners in assessing, planning and delivering programs and services that reflect the diverse needs of Indigenous Peoples in Ontario.
Objectives	<ul style="list-style-type: none">• Reflect community need• Integrate care• Strengthen partnerships• Increase HHR community ownership, program and knowledge management
Health System Outcomes	<ul style="list-style-type: none">• Reduced duplication and effective coordination of services• Enhanced local capacity in Indigenous communities to deliver services
Strategies	<ul style="list-style-type: none">• Improved integration and Indigenous control• Improved access to culturally-appropriate prevention and health promotion services• Better quality and access of data and evidence to inform decision-making

Moving forward from the COVID-19 pandemic

Priorities Moving Forward

Endemic COVID-19

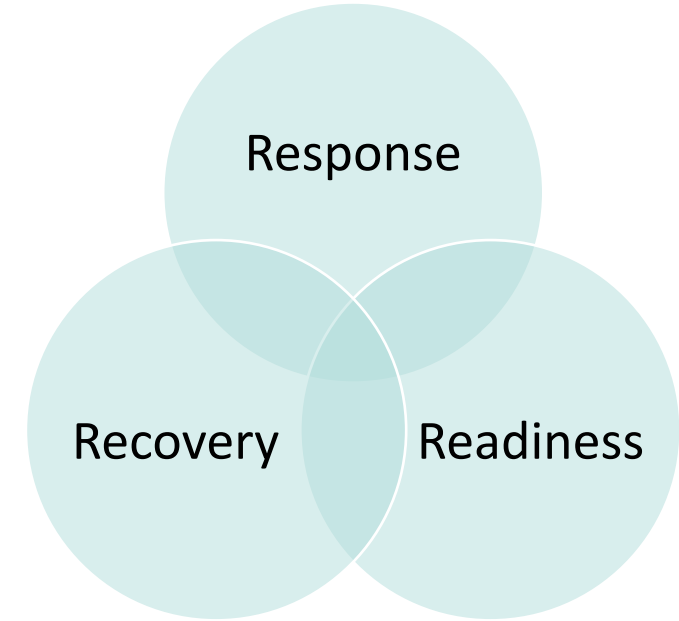
- Seasonal vaccination
- Targeted testing for those at high risk

Address health consequences of the pandemic and response

- Health care system backlogs

Health system and public health system improvements

- Focused on accountability, coordination and collaboration



Key Takeaways

- Public health physicians have distinct expertise in protecting and promoting population health
- The public health system in Ontario includes 34 local public health units and the Chief Medical Officer of Health with specific legislative powers
- Public health measures in the COVID-19 pandemic have focused on protecting Ontarians and our critical care capacity

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the next topic?

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