COVID-19

Directive #2 for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA), R.S.O. 1990, c. H.7

THIS DIRECTIVE REPLACES THE DIRECTIVE #2 ISSUED ON MAY 26th, 2020. THE DIRECTIVE #2 ISSUED ON MAY 26th, 2020 IS REVOKED AND THE FOLLOWING SUBSTITUTED:

WHEREAS under section 77.7(1) of the HPPA, if the Chief Medical Officer of Health (CMOH) is of the opinion that there exists or there may exist an immediate risk to the health of persons anywhere in Ontario, he or she may issue a directive to any health care provider or health care entity respecting precautions and procedures to be followed to protect the health of persons anywhere in Ontario;

AND WHEREAS, On March 17th, 2020 an emergency was declared in Ontario due to the outbreak of COVID-19, pursuant to Order-in-Council 518/2020 under the *Emergency Management and Civil Protection Act* and since that time, other declarations of emergency were made due to COVID-19, most recently on April 7th, 2021.

AND HAVING REGARD TO the emerging evidence about the ways this virus transmits between people as well as the potential severity of illness it causes in addition to the declaration by the World Health Organization (WHO) on March 11, 2020 that COVID-19 is a pandemic virus and the spread of COVID-19 in Ontario;

AND HAVING REGARD TO the potential impact of COVID-19 on the work of regulated health professionals, the need to protect regulated health professionals in their workplaces, and the need to prioritize patients with urgent needs in the work that regulated health professionals undertake;

AND HAVING REGARD TO the rise of variants of concern in Ontario which compared to people infected with the earlier variants is resulting in more people with COVID-19 hospitalized and admitted to ICU.

AND HAVING REGARD TO the need to ramp down non-emergent and non-urgent surgeries and procedures in order to preserve system capacity to deal effectively with

COVID-19;

I AM THEREFORE OF THE OPINION that there exists or may exist an immediate risk to the health of persons anywhere in Ontario from COVID-19;

AND DIRECT pursuant to the provisions of section 77.7 of the HPPA that:

Directive #2 for Health Care Providers dated May 26th, 2020 is revoked and replaced with this Directive. The cessation of non-emergent and non-urgent elective surgeries and procedures does not apply to pediatric specialty hospitals

COVID-19 Directive #2 for Health Care Providers (Regulated Health Professionalsor Persons who operate a Group Practice of Regulated Health Professionals)

Date of Issuance: April 20, 2021

Effective Date of Implementation: April 20, 2021

Issued To: Health Care Providers (Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals, defined in section 77.7(6), paragraph 1 of the *Health Protection and Promotion Act*)

* Health Care Organizations must provide a copy of this directive to the co-chairs of the Joint Health & Safety Committee or the Health & Safety Representative (if any).

Introduction:

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

On December 31, 2019, the World Health Organization (WHO) was informed of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (COVID-19) was identified as the causative agent by Chinese authorities on January 7, 2020.

On March 11, 2020 the WHO announced that COVID-19 is classified as a pandemic virus. This is the first pandemic caused by a coronavirus.

Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the COVID-19 Reference Document for Symptoms. Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

Variants of Concern

The third wave of COVID-19 is in Ontario and being driven by variants of concern. Compared to people infected with the earlier variants, more people with COVID-19 are hospitalized, admitted to ICU, and die if they are infected with the variants of concern. Variants of concern have more severe consequences and are more fatal. COVID-19 hospitalizations and ICU occupancy are increasing. Risk of ICU admission is 2 times as high and risk of death is 1.5 times higher for the B.1.1.7 variant. Younger Ontarians are also ending up in hospital. COVID-19 threatens health system ability to deal with regular ICU admissions and the ability to care for all patients. Cases have increased and are above the second highest level of the framework in most Public Health Units. Most new cases are variants of concern. Testing percent positivity has increased and is above the second highest level of the COVID-19 Response Framework. Testing rates are flat so case growth is not a result of more testing.

COVID-19 Immunization

The goal of the provincial COVID-19 immunization program is to protect Ontarians from COVID-19. Vaccines help reduce the number of new cases, and, most importantly, severe outcomes including hospitalizations and death due to COVID-19. All individuals must continue to practice the recommended public health measures for the prevention and control of COVID-19 infection and transmission, regardless of whether or not they have received a COVID-19 vaccine.

Requirements for Health Care Providers (Regulated Health Professionals or Persons who operate a Group Practice of Regulated Health Professionals)

The following steps are required immediately:

- All non-emergent and non-urgent surgeries and procedures should be ceased. Emergent and urgent surgeries will not be impacted in an effort to reduce and prevent patient morbidity and mortality. The cessation of non-emergent and non-urgent surgeries and procedures does not apply to pediatric specialty hospitals.

- Clinicians are in the best position to determine what are urgent and emergent surgeries and procedures in their specific health practice and should rely on evidence and guidance where available. In making decisions regarding the cessation or postponement of non-emergent and non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College, and the following principles:
  1. Proportionality. Decisions to postpone non-emergent and non-urgent surgeries and procedures should be proportionate to the real or anticipated capacity needed to maintain the health and human resources to deliver essential and urgent health services across the system.
  2 . Minimizing Harm to Patients. Decisions should strive to limit harm to patients. Surgeries and procedures that have higher implications for morbidity/mortality if delayed for longer periods of time should be prioritized over those with fewer implications for morbidity/mortality if delayed for a longer period of time. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to manage symptoms and relieve pain and suffering.
  3. Equity. Equity requires that all persons with the same clinical needs should be treated in the same way unless relevant differences exist (e.g., different levels of clinical urgency), and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
  4. Reciprocity. Certain patients and patient populations may be particularly burdened as a result of deferring non-emergent and non-urgent surgeries and procedures. Patients should have the ability to have their health monitored, receive appropriate alternative care, and receive surgical or procedural care if their medical condition changes and their need becomes urgent or emergent.

- Decisions regarding the cessation or postponement of non-emergent and non-urgent surgeries and procedures should be made using processes that are fair and transparent to all patients.

- All patients should continue to have access to other health services, including services that are peripheral to surgical services, such as diagnostic services directly related to the provision of emergent or urgent surgical and procedural care, and pain

management services.

- All Health Care Providers must continue to consider which health services can be provided remotely and which health services can safely be provided in-person with appropriate hazard controls and sufficient PPE. This should be guided by best clinical evidence.
- All Health Care Providers should be sourcing PPE through their regular supply chain. PPE allocations from the provincial pandemic stockpile will continue. PPE can also be accessed, within available supply, on an emergency basis through the established escalation process through the Ontario Health Regions.

As this outbreak evolves, there will be continual review of emerging evidence to understand the most appropriate measures to take to protect health care providers and patients. This will continue to be done in collaboration with health system partners and technical experts from Public Health Ontario and with the health system.

Questions

Health Care Workers may contact the Ministry's Health Care Provider Hotline at 1-866-212-2272 or by email at emergencymanagement.moh@ontario.ca with questions or concerns about this Directive.

Health Care Workers are also required to comply with applicable provisions of the Occupational Health and Safety Act and its Regulations.

David C. Williams, MD, MHSc, FRCPC

Acting Chief Medical Officer of Health