

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 MARCH 19th, 2020. THE DIRECTIVE #2 ISSUED ON MARCH 19th, 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 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 11th, 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 who have or may have COVID-19 in the work that regulated health professionals and certain health care entities undertake;

AND HAVING REGARD TO the need to gradually restart health services for the people of Ontario, based on a reduction of COVID-19 activity;

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 March 19th, 2020 is revoked and replaced with this Directive.

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Date of Issuance: May 26, 2020

Effective Date of Implementation: May 26, 2020

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 Providers 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 31st, 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 7th, 2020.

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

On March 17th, 2020 the Premier declared an emergency in Ontario under the *Emergency Management and Civil Protection Act* due to the outbreak of COVID-19 in Ontario and Cabinet made emergency orders to implement my recommendations of March 16th, 2020.

On March 19th, 2020, I issued a Directive to Health Care Providers requiring all non-essential and elective services to be ceased or reduced to minimal levels, subject to allowable exceptions, until further notice. That Directive is now replaced by this Directive.

Approach

This Directive reflects a gradual restart of deferred services. Where possible, health care providers are encouraged to limit the number of in-person visits for the safety of health care providers and their patients.

It remains important for Health Care Providers to continue to monitor COVID-19 spread in their community and to carefully and gradually restart services. Examples of sources of data to use in monitoring local COVID-19 spread include, but are not limited to: [Ontario.ca](#), [Public Health Ontario](#), and local public health unit data dashboards.

The gradual restart of services should be carried out in coordination with, and adherence to guidance from, applicable health regulatory colleges. If appropriate, coordination should also be undertaken with local and regional Health Care Providers and Health Care Entities.

In collaboration with health system partners and technical experts from Public Health Ontario and the broader health system, emerging evidence will be continually reviewed to understand the most appropriate measures to take to protect Health Care Providers and patients.

Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the latest [COVID-19 Reference Document for Symptoms](#) on the Ministry of Health's [COVID-19 Guidance for the Health Sector Website](#).

Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

There are no specific treatments for COVID-19, and there is no vaccine that protects against coronaviruses. Most people with COVID-19 illnesses will recover on their own.

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

The following steps are required by Health Care Providers:

- All deferred and non-essential and elective services carried out by Health Care Providers may be gradually restarted, subject to the requirements of this Directive.
- In the gradual restart of services, Health Care Providers must comply with the requirements as set out in [COVID-19 Operational Requirements: Health Sector Restart \(May 26, 2020 or as current\)](#), including, but not limited to, the hierarchy of hazard controls.
- Health Care Providers must consider which services should continue to be provided remotely and which services can safely resume in-person with appropriate hazard controls and sufficient PPE.
- 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.
- Subject to the requirements of this Directive, Health Care Providers are in the best position to determine which services should continue to be provided remotely (online, by telephone or other virtual means) and which should be provided in-person. This should be guided by best clinical evidence. Health Care Providers must also adhere to the guidance provided by their applicable health regulatory college, and the following principles:
 - **Proportionality.** Decision to restart services should be proportionate to the real or anticipated capacities to provide those services.
 - **Minimizing Harm to Patients.** Decisions should strive to limit harm to patients wherever possible. Activities that have higher implications for morbidity/mortality if delayed too long should be prioritized over those with fewer implications for morbidity/mortality if delayed too long. This requires considering the differential benefits and burdens to patients and patient populations as well as available alternatives to relieve pain and suffering.

- **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.
- **Reciprocity.** Certain patients and patient populations will be particularly burdened as a result of our health system's limited capacity to restart services. Consequently, our health system has a reciprocal obligation to ensure that those who continue to be burdened have their health monitored, receive appropriate care, and be re-evaluated for emergent activities should they require them.

Decisions regarding the gradual restart of services should be made using processes that are fair to all patients.

Questions

Health Care Providers subject to this Directive 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 Providers are also required to comply with applicable provisions of the [Occupational Health and Safety Act](#) and its Regulations.



David C. Williams, MD, MHSc, FRCPC
Chief Medical Officer of Health