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

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 HAVING REGARD TO the emerging evidence about the ways COVID-19 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 and an increasing number being hospitalized;

AND HAVING REGARD TO the need to take steps to optimize protection and to take a precautionary approach for the emerging and more transmissible COVID-19 Omicron variant of concern (B.1.1.529) in light of the uncertainty around the mechanisms for increased transmissibility for this variant and of its rapid replacement of previous variants of the COVID-19 virus in Ontario;

AND HAVING REGARD TO the need to maintain a ramp down of certain non-emergent or non-urgent surgeries and procedures in most public hospitals in order to preserve system capacity to deal effectively with COVID-19 with the rapid spread of the Omicron variant of concern while also cautiously and carefully resuming certain other clinical activities where it is appropriate to do so;

AND HAVING REGARD TO mitigating accruing care deficits and minimizing harm to

patients by resuming non-urgent or non-emergent clinical activities in areas where system capacity appears to be secure or where there is limited redeployment of health human resources to higher burdened areas in the system.

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:

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Date of Issuance: February 1, 2022

Effective Date of Implementation: February 1, 2022

Issued To:

Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals, referenced in paragraph 1 of the definition of "health care provider or health care entity" in section 77.7(6) of the *Health Protection and Promotion Act* including Regulated Health Professionals or persons who operate a Group Practice of Regulated Health Professionals in a Hospital within the meaning of the *Public Hospitals Act*, in a private hospital within the meaning of the *Private Hospitals Act*, or in an independent health facility within the meaning of the *Independent Health Facilities 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)

NOTE: This Directive #2 issued on February 1, 2022 replaces the Directive #2 which was issued on January 4, 2022.

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.

On March 19, 2020, May 26, 2020, April 20, 2021, and January 4, 2022 Directives were issued, or re-issued, to require health care providers to temporarily cease non-emergent and non-urgent surgeries and procedures in response to earlier pandemic waves.

On November 28, 2021, the first case of the more transmissible Omicron variant of concern (B.1.1.529) was detected in Ontario. There is emerging evidence of community spread of the Omicron variant and it is rapidly increasing daily case counts of COVID-19 in Ontario. Hospitalizations are also increasing.

Following the issuance of Directive #2 on January 4, 2022, and the attendant response to the rapid spread of the Omicron variant of concern, conditions now permit the gradual resumption of non-urgent or non-emergent surgeries and procedures in paediatric specialty hospitals, private hospitals and IHFs, and the lifting of some restrictions in public hospitals.

Symptoms of COVID-19

For signs and symptoms of COVID-19 please refer to the COVID-19 Reference Document for Symptoms dated January 4th, 2022 or as amended. Complications from COVID-19 can include serious conditions, like pneumonia or kidney failure, and in some cases, death.

Variants of Concern

The recent increase in cases of COVID-19 in Ontario are being driven by the Omicron variant of concern. Recent data and evidence estimate the Omicron variant is four to eight times more infectious than the Delta variant, and that two doses of a COVID-19 vaccine provides 70% protection against hospitalization with Omicron variant compared with 90% against the Delta variant.

Further, recent data and evidence has highlighted significant changes in the trajectory of the COVID-19 pandemic. Specifically, cases are now trending downwards from being at the highest level since the start of the pandemic, and hospitalizations appear to be nearing a peak. A downward trend in hospitalizations is expected in mid-February 2022. New data demonstrates two doses of a COVID-19 vaccine provide only some protection against severe Omicron infection, and three doses are needed for better protection.

COVID-19 threatens health system ability to deal with hospital admissions and the ability to care for all patients.

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Continuation of Certain Restrictions and Resumption of Certain Clinical Activities in Public Hospitals (that are not Paediatric Specialty Hospitals)

1. The following steps are required immediately of regulated health professionals or persons who operate a group practice of regulated health professionals in public hospitals within the meaning of the *Public Hospitals Act*. Note that these requirements do not apply to paediatric specialty hospitals:
    - Emergent or urgent surgeries shall continue.
    - All diagnostic imaging and cancer screening may gradually and cautiously resume.
    - Scheduled ambulatory clinics may gradually and cautiously resume provided the increase in activity does not result in insufficient staffing in other areas of the hospital.
    - The requirement to cease all other non-emergent or non-urgent surgeries and procedures continues in effect.

Resumption of Surgeries and Procedures in Paediatric Specialty Hospitals and other settings out of public hospitals including Private Hospitals and Independent Health Facilities

2. The following steps are required immediately of regulated health professionals or persons who operate a group practice of regulated health professionals in Paediatric Specialty Hospitals and other settings including a private hospital within the meaning of the Private Hospitals Act or in an independent health facility within the meaning of the Independent Health Facilities Act:
    - Non-emergent or non-urgent surgeries and procedures may gradually and cautiously resume in consideration of system capacity and the need to maintain the health and human resources to deliver essential and urgent health services across the system.
    - Scheduled ambulatory clinics may gradually and cautiously resume in pediatric specialty hospitals provided the increase in activity does not result in insufficient staffing in other areas of the hospital.
    - Paediatric hospitals must remain prepared to admit and accept patients who are transferred from other hospitals pursuant to Directive #2.1 where it is safe to do so.

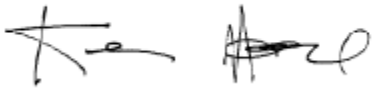
Guidance in decision-making on the cessation, or resumption, of non-urgent and non-emergent surgeries and procedures:

- Regulated health professionals are in the best position to determine what are urgent or emergent surgeries and procedures in their specific health practices and should rely on evidence and guidance where available.
- In making decisions regarding the cessation, postponement or resumption of non-emergent or non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College and the following principles:
    1. **Proportionality.** Decisions 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 or non-urgent surgeries and procedures in public hospitals, and of limited capacity to resume certain services. Patients should have the ability to have their health monitored, receive appropriate alternative care, and receive care if their medical condition changes and their need becomes urgent or emergent.
- Decisions regarding the cessation or postponement of non-emergent or non-urgent surgeries and procedures, as well as the resumption of certain 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, directly related to the provision of emergent or urgent surgical and procedural care or pain management services.

Questions

Health Care Workers may contact the Ministry of Health 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.



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Chief Medical Officer of Health