Ontario

Ministry of Health

# COVID-19 Directive #2: Questions & Answers

V. 2 January 6th, 2022

This document is to accompany CMOH Directive #2 issued January 5, 2022. This information is current as of January 6, 2022 and may be updated as the situation on COVID-19 continues to evolve.

It is expected that this guidance will be consistently applied across all regions in Ontario to help apply Directive #2.

In the event of any conflict between this guidance document and any applicable legislation, such as the *Reopening Ontario (A Flexible Response to Ontario) Act, 2020*, or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the legislation, order or directive prevails. Please see Ontario's COVID-19 website for more general information as well as for updates to this document.

## Questions & Answers

**1) Why has Directive #2 been reissued?**

The intent of Directive #2 is to maintain health system capacity and health human resources and enable regulated health professionals to meet the emergent or urgent health care needs of patients with COVID-19. The cessation of non-emergent or non-urgent surgeries and procedures and non-emergent or non-urgent diagnostic imaging and ambulatory clinical activity will help Ontario's health system to address the needs of critically ill patients, especially individuals who require hospitalization.

These measures are critical and necessary to preserving health system capacity to deal effectively with COVID-19.

**2) Who is the Directive issued to and how is this group defined?**

This version of the Directive is 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*.

Directive #2 therefore applies in hospital and beyond a hospital setting.

**3) Why were pediatric hospitals not exempted from this version of Directive #2?**

Consistent with the intent of Directive #2, pediatric hospitals were included with the objective of maintaining health system capacity and health human resources and enabling regulated health professionals to meet the emergent or urgent health care needs of patients with COVID-19. The cessation of non-emergent or non-urgent surgeries and procedures and non-emergent or non-urgent diagnostic imaging and ambulatory clinical activity for pediatrics hospitals will help Ontario's health system to address the needs of critically ill patients, especially individuals who require hospitalization.

While children have a very low rate of hospitalization associated with COVID-19, with widespread transmission in the community, pediatric hospitals also need to be prepared to manage an increase in COVID-19 patients.

These measures are critical and necessary to preserving health system capacity, and particularly acute care capacity, to deal effectively with COVID-19.

**4) How does Directive 2 affect regulated health professionals in public hospitals?**

All non-emergent or non-urgent surgeries and procedures should be ceased. Emergent and urgent surgeries should continue, in an effort to reduce and prevent patient morbidity and mortality. All non-emergent or non-urgent diagnostic imaging and ambulatory clinical activity in public hospitals should be ceased, unless directly related to the provision of emergent or urgent surgeries and procedures or pain management services. In making decisions regarding the cessation of non-emergent and non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

**5) How does Directive 2 affect regulated health professionals in private hospitals or independent health facilities?**

All non-emergent or non-urgent surgeries and procedures that meet the criteria below should be ceased. Emergent or urgent surgeries should continue, in an effort to reduce and prevent patient morbidity and mortality.

Generally, a surgery or procedure for the purpose of this Directive (in a setting other than a hospital within the meaning of the *Public Hospitals Act*) is a surgery or procedure that meets the following three criteria (the "Three Criteria"):

- Requires surgical nursing support, OR
- Requires general anesthesia health human resource support, OR
- Carries a risk of resulting in the use of emergency medical services or other hospital services due to serious intra-operative or post-operative complications.

If the surgery or procedure meets any of the Three Criteria, it must be urgent or emergent in order to proceed.

If the surgery or procedure does not meet any of the Three Criteria (e.g., minor procedures), it may proceed without evaluation of its urgency or emergency.

In making decisions regarding the cessation of non-emergent and non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

**6) How does Directive 2 affect regulated health professionals in other settings?**

Directive #2 is issued to all regulated health professionals. As such, this affects regulated health professionals in all settings where surgeries and procedures that meet the criteria above (see Question 5) are provided. This would include Out of Hospital Premises.

**7) How does Directive 2 affect dental settings outside public hospitals?**

For these settings, a surgery for the purpose of this Directive is a major procedure (e.g., osteotomies, use of rigid fixation) that carries a substantive risk of resulting in the use of emergency medical services or other hospital services, or procedures that require a sedation or anesthetic team. If the surgery in a dental setting meets these criteria, it must be urgent and emergent in order to proceed.

In making decisions regarding the cessation of non-emergent and non-urgent surgeries and procedures, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

**8) How are other health services impacted by Directive #2?**

All urgent or emergent surgeries and procedures should continue.

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

In making decisions regarding the health services they continue to provide, regulated health professionals should be guided by their regulatory College and the principles outlined in Directive #2.

**9) How is the risk of a procedure determined?**

Regulated health professionals must use their clinical judgement to assess their patient and the situation to determine the risk of a non-urgent procedure resulting in serious complications during or after the procedure. They should also be guided by their regulatory college.

**10) What will the impact of Directive #2 be on the surgical backlog that has resulted from the COVID-19 pandemic?**

The Ministry acknowledges that ceasing non-emergent and non-urgent surgeries will impact patients and cause delayed access to non-urgent scheduled care. This Directive is a necessary step required due to the need to preserve hospital and human health resource capacity. Since the start of the pandemic, the Ministry of Health has been working closely with its hospital and Ontario Health partners to implement strategies that will support hospitals to ramp up surgeries and address the surgical backlog. This work will continue once hospital capacity returns.

**11) How long will this Directive be in place?**

The Ministry is actively and daily monitoring the situation with health system partners including Ontario Health. As the situation evolves, the Directive will be modified or revoked by the Chief Medical Officer of Health

**12) What do I do if I have a question about the interpretation of the directive?**

Questions about the interpretation of this and all other directives can be sent to EOCoperations.moh@ontario.ca . Regulated health professionals can also work with their regulatory colleges to seek additional information or support in applying the Directive to their practice.

**13) Deciding how to provide care: In-Person vs Virtual**

Health care providers should continue in-person visits based on both clinical need and patient preference. Providers must make decisions that are in their patient's best interest and work together to find a solution that satisfies the need for patient access, safety, and quality care. Further information about continuation of in-person visits in primary care can be found in the COVID-19 Guidance: Primary Care Providers in a Community Setting (gov.on.ca)